



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/1/2025 Ending Date: 5/30/2025

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Theresa M. Tauro

Candidate Full Name (if applicable)

Town Clerk, Town of Marblehead

Office Sought and District

113 Jersey St, Marblehead MA 01945

Residential Address

E-mail: taurotheresa@gmail.com

Phone #: 781-771-3327

Committee to Elect Terri

Committee Name

Elizabeth S. Tauro

Name of Committee Treasurer

113 Jersey St., Marblehead MA 01945

Committee Mailing Address

E-mail: territaurofortownclerk@gmail.com

Phone #: 978-578-4786

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0.00</u>
Line 2: Total receipts this period (page 3, line 12)	<u>3,642.01</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3,642.01</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>3,576.77</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>65.24</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>700.00</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>617.01</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0.00</u>
Line 9: Name of bank(s) used:	<u>National Grand Bank</u>

### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Elizabeth Tauro (Treasurer's signature)

Date: 6/2/25

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

#### Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Theresa M. Tauro (Candidate's signature)

Date: 6/2/25

## SCHEDULE A: RECEIPTS

G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/1/2025	Solange Colbert, 113 Jersey St Marblehead MA 01945	100	
5/5/2025	Maura Phelan, 2 Mitchell Rd Marblehead MA 01945	100	
	Peter Dragonas, 6 Hines Ct. Marblehead MA 01945	200	Retired
	Renee Keaney, 2 Beverly Ave Marblehead MA 01945	100	
	James Schaye, 222 Ocean Ave Marblehead MA 01945	500	Retired
	Thomas Driscoll Committee, 28 Crossman Ave Swamp. MA 01907	50	
	Tara Cassidy, 234 Humphrey St Swamp. MA 01907	50	
	Jennifer Schaeffner, 20 Casino Rd. Marblehead MA 01945 Marblehead MA 01945	250	Landlord, Self
	Elizabeth Tauro, 113 Jersey St Marblehead MA 01945	350	Universal Banker, Marblehead Bank
5/5/2025	Cyrille Malamud, Suite 202, 212 Humphrey St. Mhead MA 01945	75	
5/27/2025	Kathey Hempell, Palmer Rd. Marblehead MA 01945	50	
5/27/2025	Diann Baylis, 39 Ticehurst Ln Marblehead MA 01925	100	

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/27/2025	Beth Kontos, 237 Centre St Danvers MA 01923	100	
5/27/2025	Sandra Pocharski, 6 Corn Pt. Rd. Marblehead MA 01945	1,000	Retired
5/28/2025	Theresa Tauro 113 Jersey St. Marblehead MA 01945	617.01	Office Manager Town of Marblehead
Line 10: Total Receipts over \$50 (or listed above)		\$3,642.01	<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD		3,642.01	

← Enter on page 1, line 2

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/30/2025	Thriftco Printing	56 Polaski St Peabody MA 01960	Literature	\$1,892.11
5/12/2025	Zoom subscription	online	meetings	\$16.99
5/15/2025	Thriftco Printing	56 Polaski St Peabody MA 01960	Literature	\$393.98
5/15/2025	Thriftco Printing	56 Polaski St Peabody MA 01960	Lawn Signs	\$370.81
4/14/2025	Thriftco Printing	56 Polaski St Peabody MA 01960	Lawn Signs	\$692.31
5/3/2025	Walmart	450 Highland Ave Salem MA 01970	Water	\$54.42
05/28/2025	Crosby's	118 Washington St Marblehead MA 01945	Coffee hour	\$6.99
4/17/2025	Thriftco printing	56 Polaski St Peabody MA 01960	stickers	\$148.16
5/30/2025	NGB	91 Pleasant St Marblehead MA 01945	maintenance fee	\$1



**SCHEDULE B: EXPENDITURES (continued)**[illegible]

*\* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)

3,576.77

Line 14: Expenditures \$50 and under (not listed above)

**Line 15: TOTAL EXPENDITURES IN THE PERIOD**

3,576.77

## SCHEDULE C: IN-KIND CONTRIBUTIONS

1.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	Mimi Lemay	1 Wallingford Rd, Marblehead MA 01945	Meet and Greet	\$250
	Deborah Keotola	57 Rockaway Ave Marblehead MA 0194557	Meet and Greet	\$150
	Laura Tamagno	33 Washington St Marblehead MA 01945	Meet and Greet	\$150
	Claudette Mason	8 Susan Rd Marblehead MA 01945	Meet and Greet	\$150
<i>* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.</i>			Line 16: In-Kind Contributions over \$50 (or listed above)	\$700
			Line 17: In-Kind Contributions \$50 and under (not listed above)	
Enter on page 1, line 6 →			<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>	<b>\$700</b>

## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
5/28/2025	Theresa Tauro		Candidate loan to cover printing	617.01
Enter on page 1, line 7 →			Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)	617.01

## SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
<b>Line 20:</b> Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		0.00	<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
<b>Line 21:</b> Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		0.00	
<b>Line 22:</b> TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		0.00	

← Enter on page 1, line 8      Page 8