

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 0	1/01/2025 Ending Date: 03/07/2025			
Type of Report: (Check one)	2025 MAR 18 A G 31			
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution			
Joshua Carpenter	Carpenter for Ludlow			
Candidate Full Name (if applicable)	Committee Name			
Ludlow Planning Board  Office Sought and District	Ben Gagne  Name of Committee Treasurer			
37 Paul Ave	37 Paul Ave			
Residential Address	Committee Mailing Address			
E-mail: Josh@meadowfarms.com	E-mail: bgagne88@yahoo.com			
Phone #: 413-626-0678	Phone # : 413-330-3601			
STIMMARY RALA	NCE INFORMATION:			
Line 1: Ending Balance from previous report	277.31			
Line 2: Total receipts this period (page 3, line 12)	0			
Line 3: Subtotal (line 1 plus line 2)				
Line 4: Total expenditures this period (page 5, line 15)				
Line 5: Ending Balance (line 3 minus line 4)				
Line 6: Total in-kind contributions this period (page	e 6, line 18) 0			
Line 7: Total (all) outstanding liabilities (page 7, lin	ne 19) 0			
Line 8: Total out-of-pocket expenses this period (pa	ge 8, line 22) 0			
Line 9: Name of bank(s) used: Luso Federal Credit Union				
Affidavit of Committee Treasurer:  1 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:  (Treasurer's signature)  Date: 3/8/2025  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 incurred any liabilities nor made any expenditures on my behalf during this repo	in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,			
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:	(Candidate's signature) Date: 3/08/2025			

#### SCHEDULE A: RECEIPTS

A.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 ear. 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

Ittach 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)
Date Received	(aiphabetical listing required)	Amount	(tot contrained the same of more)
			2025 MAR 18 A 9:31
			TOWN OF LUCY 1
	1.00		
		]	
		] []	

### **SCHEDULE A: RECEIPTS (continued)**

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			RECEIVED
			2025 MAR 18 A G. 7.
			2025 MAR 18 A 9:31
			TO MAN CONT.
<u>.</u>			
Line 10: Total Rece	ipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and
Line 11: Total Rece	ipts \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2
			Enter on page 1, title 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.

D . D . I	To Whom Paid		PECENDED  Purpose of Expenditure	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			2025 NAD 1 0 0 0 0 1	
			2025 MAR 18 A 9:31	
			TOWNORLES	
1				
j				
				:
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## SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			URECEIVED	
			T DWW CLEEK LIE	
			2025 MAR 18 A 9:31	
			TOWN OF LUL. P	
		7-74		
				-
* TC !	itania da martia conce			
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14				
	should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)			
nemzeu adove,				
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD				

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.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 iddition, 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Date Received	From whom Received	Acsidential Addition	To A A Common Co	7 4100
			2025 MAR 18 A 9= 31	
			TOWN GRADELLAR	
				·
:				
	e itemized in-kind contributions of	Line 16: In-Kind Contributions ov	ver \$50 (or listed above)	
\$50 and under, include them in line 16. Line 17 should include only those expenditures not		Line 17: In-Kind Contributions \$	50 and under (not listed above)	
	itemized above.  Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CON	TRIBUTIONS IN THE PERIOD	0

### **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
			RECEIVED	
			1075 MAR 18 A 9:31	
			TOWN OF CUIDE LA	
[	Enter on page 1, line 7 →			

## 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.

	Name and Address of Vendor  Date Poid  (alphabetical listing required)			
Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure	
		2023 N	Purpose of Expenditure	
		TO:	(CF. 11)	
		<u>.</u>		
L: 20 T	10 (00P 1 (7) 11 0 15 15 15 15 15 15 15 15 15 15 15 15 15			
(or listed above)	red Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21	
Line 21: Total Uniter under (not listed above)	mized Out-Of-Pocket Expenditures \$50 and ve)		should include only those expenditures not itemized above.	
Line 22: TOTAL OUT-	-OF-POCKET EXPENDITURES IN THE PERIOD	0	← Enter on page 1, line 8  Page 8	