

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: 1/1/2	2025 Ending Date 3/7/2025
	7075 MAR + 7 ∧ 8: 56
Type of Report: (Check one)	—77 U91 at . : r . →
■ 8th day preceding preliminary ■ 8th day preceding election	□ 30 day after election □ year end report □ dissolution
William Rosenblum	Committee to Elect Bill Rosenblum
Candidate Full Name (if applicable)	Committee Name
Board of Selectmen-Ludlow	Kristen Rosenblum Name of Committee Treasurer
Office Sought and District 43 Green Street, Ludlow, MA01056	43 Green Street, Ludlow MA 01056
Residential Address	Committee Mailing Address
E-mail: kbr1000@charter.net	E-mail-kbr1000@charter.net
Phone #: 413-547-2717	Phone # : 413-547-2717
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	99.14
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	99.14
Line 4: Total expenditures this period (page 5, line 15)	0
Line 5: Ending Balance (line 3 minus line 4)	99.14
Line 6: Total in-kind contributions this period (page 6,	line 18) O
Line 7: Total (all) outstanding liabilities (page 7, line 1	9) 0
Line 8: Total out-of-pocket expenses this period (page 8	3, line 22) 0
Line 9: Name of bank(s) used: LUSO Federal	
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actineurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finant coordance with the requirements of M.G.L. c. 55. I have not received any contributions g 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 finance activity, including contributions, lostis, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of the	s_in_kind contributions and liabilities for this reporting period and represents the is candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	Date: 3/14/2025

SCHEDULE A. RECEIT IS

4.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 c 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 scords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions seeived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Date Received	Name and Residential Address	Amount	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			TUMA CLERA SCIPCIA
			2025 MAR 17 A 8: 56
		{	TOWN OF EDULUA
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	1		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			RECEIVEL
			2025 MAR 17 A 8: 56
			TOWN OF LUBERS
Line 10: Total Reco	eipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Reco	eipts \$50 and under (not listed above)		should include only those receipts not itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD		← 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 iternization, 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's	Amount
	3		2025 MAR 17 A	

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			RECEIVEL	
		[1043 0	
			2025 MAR 17 A 8	56
			TOWN OF LEUL 19	
	* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14			
	ictude them in line 15. Line 14 ide only those expenditures not itemized above.	Line 14: Expenditures \$50 and	under (not listed above)	
	Enter on page 1, line 4 →	4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD		

OCHEDUDE C. HYMIND CONTRIDUTIONS

A.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 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 received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

ciuae ine canaiaaie	or committee name and a-page number o	n each additional page.	- 1	
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			CAM CLEEK'S THE E	
			2025 MAR 17 A 8: 56	
			TOWN OF LUBELLY.	
	200			
				<u></u>
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* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions ov	rer \$50 (or listed above)	
should inclu	de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50 and under (not listed above)		
	Enter on page 1, line 6 →	Enter on page 1, line 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD		

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 TOANGLERO TE	
			2025 MAR 7 A 8: 56	
			TOWN OF LETTER	
1	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

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.

RECEIVEL

Name and Address of Vendor			TOWN OLD FOR THE PARTY OF THE P	
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure	
			TOWN OF LIFE	
			.[]	
[[
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		<u> </u>		
	1			
		<u>[</u>]		
ine 20: Total Itemized or listed above)	Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50	
	te 21: Total Uniternized Out-Of-Pocket Expenditures \$50 and		and under, include them in line 20. Line 21	
nder (not listed above))	should include only those expenditures not itemized above.		
ine 22: TOTAL OUT-OI	F-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8	