

# 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: 1/2	ending Date: 317-2025			
Type of Report: (Check one)	TO装在UFFETS			
8th day preceding preliminary 8th day preceding election	□ 30 day after election □ year-end report □ ± 5   dissolution			
Ron Saloio	Committee to Elect Ron Saloio			
Ludlow School Committee	LISA Saloro			
Office Sought and District  52 Scott St	Name of Committee Treasurer  52 Scott St			
Residential Address  E-mail: Tn   Sa   Oico @ amail . Com	Committee Mailing Address			
	E-mail: STE YOUTH MIN @ GMAIL . COM			
Phone #: 4/3 459-7436	Phone #: 4/3 459 - 7435			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	68.11			
Line 2: Total receipts this period (page 3, line 12)	#460			
Line 3: Subtotal (line 1 plus line 2)	¥528.11			
Line 4: Total expenditures this period (page 5, line 15)	Ø			
Line 5: Ending Balance (line 3 minus line 4)	<i>\$ 528.11</i>			
Line 6: Total in-kind contributions this period (page 6, line 18) 991. 85				
Line 7: Total (all) outstanding liabilities (page 7, line 19)				
Line 8: Total out-of-pocket expenses this period (page 8	3, line 22) O			
Line 9: Name of bank(s) used: LUSO Fed	leval Credit Union			
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:  (Treasurer's signature)  Date: 3 114 2025				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)				
activity, of all persons acting under the authority or on behalf of this committee in accining incurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the s candidate in accordance with the requirements of M.G.L. c. 55.			
Signed under the penalties of perjury:	(Candidate's signature)			

### **SCHEDULE A: RECEIPTS**

M.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.

ach additional pages as	ch 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)		
3/5/2025	Craig S. Cassanelli 44 Han over Fields Rd. Glaston bury, CT 06033	\$ 200.00	CEO Greeno Supply		
3/12/2025	Dana P. Cormier 125 Clearwater Cir. Ludlow MA 01056	4 100.00			
3/14/2025	Richard Pasquini 17 Ridgenew Cir. Ludlow MA	460			
3/14/2025	LL & Diags	\$100.00			
			7025 MAN		
			5		

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			RE 10 & 37 ↑ <b>2025 MAR</b> 11 G W.H
			5
Line 10: Total Reco	eipts over \$50 (or listed above)	# 460.00	* If you have itemized receipts of \$50 and
Line 11: Total Reco	eipts \$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	RECEIPTS IN THE PERIOD	4460.00	← 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.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			7025	
			MAR I	
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### **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		
		Line 14: Expenditures \$50 ar	nd under (not listed above)	
	Enter on page 1, line 4 -> Line 15: TOTAL EXPENDITURES IN THE PERIOD			
Enter on page 1, line 4 > Line 13. 101712 DATE 2.1 11				

#### 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 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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
3/4/2025	MASS GOP John Milligan	85 Merrimac St. Suite 505 BOSTON MA 02114	Mailing Postcards	588,10
3/5/2025	Joan Dias	57 BEACHSIDE Dr.	Banner	85.00
3/10/25	Ludlow RTC	Kirkland Ave	Lawn Signs	3/8.75
			REC OWNOI 1025 MAR	
			5	
* 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.		Line 16: In-Kind Contributions over \$50 (or listed above)		991.85
		Line 17: In-Kind Contributions \$50 and under (not listed above)		111.00
		Line 18: TOTAL IN-KIND CONTR	UBUTIONS IN THE PERIOD	991.85

### **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
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## 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
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			P = = = = = = = = = = = = = = = = = = =
			-
(or listed above)	zed Out-Of-Pocket Expenditures Over \$50 mized Out-Of-Pocket Expenditures \$50 and		* 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.
	-OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8  Page 8