

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Commonwealth	RECEIVEL			
of Massachusetts	File with: City of Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 1/2	20/2025 Ending Date: 202/13/2025			
Type of Report: (Check one)	TOWN OF LECTION			
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution			
Jack al Maria Contro	School Committee Candidate Isabel Soares			
Isabel Maria Soares Candidate Full Name (if applicable)	Committee Name			
School Committee Member, Ludlow	Robert Burek			
Office Sought and District	Name of Committee Treasurer 61 Lillian St. Ludlow, MA 01056			
61 Lillian St. Ludlow, MA 01056	Committee Mailing Address			
Residential Address E-mail: isoares0781@gmail.com	E-mail: RLB38@verizon.net			
Phone #: 413-519-1341	Phone # : 413-885-5404			
Phone #: 413-319-1341				
SUMMARY BALAN	ICE INFORMATION:			
Line 1: Ending Balance from previous report	661.97			
Line 2: Total receipts this period (page 3, line 12)	447.00			
Line 3: Subtotal (line 1 plus line 2)	1108.97			
Line 4: Total expenditures this period (page 5, line 1	414.73			
Line 5: Ending Balance (line 3 minus line 4)	694.24			
Line 6: Total in-kind contributions this period (page	6, line 18) 991.85			
Line 7: Total (all) outstanding liabilities (page 7, line	e 19) O			
Line 8: Total out-of-pocket expenses this period (page	ge 8, line 22) 0			
Line 9: Name of bank(s) used:	BANK			
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 of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: [Treasurer's signature] 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 of on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.				
campaign finance activity of all persons acting under the authority of on behalf of	of this candidate in accordance with the requirements of M.G.E. 53. Date: 3/13/2025 (Candidate's signature)			

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 at. 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 3 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 ords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. ach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

en additional pages as i	Name and Residential Address	T	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Date Received	98 LOWER WESTFIELD RD		REFUND FROM STAND-OUT TRUCK
0/07/0005	SUITE 120	247.00	(TRUCK CANCELLATION)
2/27/2025	HOLYOKE, MA 01040	247.00	
			The second of the A
	CRAIG CASSANELLI	1 200 00	CEO OF GREENO SUPPLY
3/8/2025	44 HANOVER FIELD, RD	200.00	
	GLASTONBURY, CT 06033		
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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			RE 10#86 2025 MAR 10%8
			29
Line 10: Total Rece	eipts over \$50 (or listed above)	447.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Receipts \$50 and under (not listed above)			should include only those receipts not itemized above.
Line 12: TOTAL l	RECEIPTS IN THE PERIOD	447.00	← 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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/9/2025	LAUNCH & STAND OUT	98 LOWER WESTFIELD RD SUITE 120 HOLYOKE, MA 01040	STAND OUT TRUCK	300.00
3/1/2025	LUDLOW CENTRAL BAKERY	270 EAST ST. LUDLOW, MA 01056	PASTRIES FOR STANDOUT	37.44
3/8/2025	DUNKIN DONUTS	4 HARDING AVE LUDLOW, MA 01056	FOR STANDOUT	27.37
3/8/2025	LUDLOW CENTRAL BAKERY	270 EAST ST. LUDLOW, MA 01056	PASTRIES FOR STANDOUT	49.92
			TOWAR	
			A	
			29	

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faid	(aiphabetteat itsting)			
			20	
			7025 MAR	
			1.40 %	
			29	
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not Line 13: Expenditures over \$ Line 14: Expenditures \$50 ar		Line 13: Expenditures over \$50	(or listed above)	300.00
				114.73
Silvaia inciae	itemized above.	Line 14: Expenditures \$50 and under (not listed above)		414.73
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD			414./3	

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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 dition, 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 d 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 cords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions reived. 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	POSTCARDS & MAILING	588.10
3/5/2025	JOAO DIAS	57 BEACHSIDE DR. LUDLOW, MA 01056	BANNER	85.00
3/12/2025	LUDLOW REPUBLICAN TOWN COMMITTEE	45 KIRKLAND AVE LUDLOW, MA 01056	CAMPAIGN SIGNS & STAKES	318.75
			7025 H	
			ROF LU	
			A II: 2	
* 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 ov	er \$50 (or listed above)	991.85
		Line 17: In-Kind Contributions \$5	0 and under (not listed above)	
Enter on page 1, line 6 →		Line 18: TOTAL IN-KIND CONTRIBUTIONS 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
			7025	
			A AB S C	
			NDING LIABILITIES (ALL)	0.00

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
			2025
			MAR IL
			0
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
(or listed above) Line 21: Total Unitermized Out-Of-Pocket Expenditures \$50 and			should include only those expenditures not itemized above.
under (not listed abo	ve)	0.00	Enter on mage 1 line 8
Line 22: TOTAL OUT	-OF-POCKET EXPENDITURES IN THE PERIOD	Page 8	