

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City of Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: JAN 1, 201	THE STATE OF THE S
Type of Report: (Check one)	
	after election
Candidate Full Name (if applicable)	ENCLA K. SEBARGE Name of Committee Treasurer BALLE SLIVE, LUCKED HA 00056
Residential Address	Committee Mailing Address
E-mail: debouge 23 D Charton. NEf E-mail: C	lebage 23@chartor. Net
Phone # (optional): 413-427-0864/413-589-7490 Phone # (o	optional): (48) 589 - 7490
SUMMARY BALANCE INFO	RMATION:
Line 1: Ending Balance from previous report	925.26
Line 2: Total receipts this period (page 3, line 11)	125.00
Line 3: Subtotal (line 1 plus line 2)	1050.26
Line 4: Total expenditures this period (page 5, line 14)	0.00
Line 5: Ending Balance (line 3 minus line 4)	1050.26
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	,
Line 8: Name of bank(s) used: Westfield &	TANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowle activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions a finance activity of all persons acting under the authority or on behalf of this committee in accordance w Signed under the penalties of perjury:	and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my kr activity, of all persons acting under the authority or on behalf of this committee in accordance with incurred any liabilities nor made any expenditures on my behalf during this reporting period.	nowledge and belief, a true and complete statement of all campaign finance at the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my kr finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority of this committee in Signed under the penalties of perjury:	nowledge and belief, a true and complete statement of all campaign ributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
10.Feb'19	Christine M. Tetreaute 108 Cayennesti W.S. M4.01089	25.00	TOWN OF LUDLOW	
2/19/19	COMMITTEE to Nick Cocchi P.O. BOXH697 SPUNGFIELD, MACION 4857	100.00		
Line 9: Total Recei	pts over \$50 (or listed above)	125.00		
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0.00		
	RECEIPTS IN THE PERIOD	125.00	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		R	
			CEIVED CLERK'S OFFICE
		2019	IAR I I A II: 25
		10	N OF LUDLOW
Line 9: Total Receip	pts over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		
			← Enter on page 1, line 2 d include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on leach page.)

To Whom Paid TOWN CLERK'S OFFICE				
Date Paid	(alphabetical listing)	Address 2019 HAR 14	Purpose of Expenditure	Amount
11		TOWN OF	LUDLOW	
	III.			
	Ш			
	Ш			
	<u> </u>			
	Li	ne 12: Total Expenditures ove	er \$50 (or listed above)	

	Li	ne 13: Total Expenditures \$50	and under* (not listed above)	
		ne 14: TOTAL EXPENDITU		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	- 3			
		TOWN OLD	IVED K'S OFFICE	
		2019 MAR	1 A II: 25	
		10WN 0	LUDLOW	
				2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Evnanditures \$50 and	inder* (not listed shows)	
		Line 13: Expenditures \$50 and t	inder (not fisted above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

	RECEIVED			
Date Received	From Whom Received*		Description of Contribution	Value
			H: 25	
		TOWN OF LUI	LOW	
	535.53			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address RECE	VED Purpose	Amount
		104H CLLIN	3 011 101	
		2019 MAR 11		
		TOWN OF	LUDLOW	
		Line 18: TOTAL OUTSTAND		