

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts   RECEIVED TOWN CLERK'S OFFICE	
Sth day preceding preliminary   Sth day preceding election   30 day after election   year-end report   disson    Kim M. Batista	Commission
Kim M. Batista  Candidate Full Name (if applicable)  Town Clerk  Office Sought and District  12 Valley View Dr, Ludlow, MA 01056  Residential Address  E-mail: kim.batista729@yahoo.com  Phone # (optional):  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Committee to Elect Kim M Batista  Committee Name  Pamela Fleming  Name of Committee Treasurer  86 Kelly Rd, Chicopee MA_01056  Committee Name  Pamela Fleming  Name of Committee Treasurer  86 Kelly Rd, Chicopee MA_01056  Committee Name  Pamela Fleming  Name of Committee Treasurer  86 Kelly Rd, Chicopee MA_01056  Committee Name  Pamela Fleming  Name of Committee Name  Name of Committee Name  Pamela Fleming  Name of Committee Name	
Candidate Full Name (if applicable)  Town Clerk  Office Sought and District  12 Valley View Dr, Ludlow, MA 01056  Residential Address  E-mail: kim.batista729@yahoo.com  Phone # (optional):  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Committee Name  Pamela Fleming  Name of Committee Treasurer  86 Kelly Rd, Chicopee MA_01056- O1022  Committee Mailing Address  E-mail: paman926@gmail.com  Phone # (optional):  115.51  Line 2: Total receipts this period (page 3, line 11)	ution
Town Clerk  Office Sought and District  12 Valley View Dr, Ludlow, MA 01056  Residential Address  E-mail: kim.batista729@yahoo.com  Phone # (optional): (413) 589-7631   SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Pamela Fleming  Name of Committee Treasurer  86 Kelly Rd, Chicopee MA_01056 (0 0 2 2)  Committee Mailing Address  E-mail: paman926@gmail.com  Phone # (optional):  115.51  Line 2: Total receipts this period (page 3, line 11)	
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Line 2: Total receipts this period (page 3, line 11)	
Line 3. Subtotal (line 1 plus line 2)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	
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: Country 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 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:    1   9	inance ign 202/
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 camp 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 cordinate without Committee  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 camp finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents 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.  Date:	tributions,

#### 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.

Date Received	lease include your committee name and a pa Name and Residential Address (alphabetical listing required)	TOWN CLERK' Occupation & Employer Amount (for contributions of \$200 or mo	
Date Received	(alphabetical fishing required)	7931	JAN 20 A & 32
		1 (1	
		ĮJ	WN OF LUDLOW
1			
		1 1	
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
. 44 momis =	AF CHYPING IN THE PURISH		
me II: TOTAL R	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

<sup>\*</sup> 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)
	(		
			RECEIVED TOWN CLERK'S OFFICE
			2021 JAN 20 A 8: 32
			TOWN OF LUDLOW
ine 9: Total Recei	pts over \$50 (or listed above)		
			]
	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> 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 each plage.) ERK'S OFFICE

To Whom Paid Date Paid (alphabetical listing)		Address	2024rd Ale 2DExpenSitua 2	Amount
			TOWN OF LUDLOW	
		Line 12: Total Expenditures ov	rer \$50 (or listed above)	
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> 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
			RECEIVED TOWN CLERK'S OFF	or.
			2021 JAN 20 A 8	32
			TOWN OF LUDLOW	
		J		
		OHIOLOGO MANON AND A		
	L	Line 12: Expenditures over \$50	(or listed above)	
	<u> </u>	ine 13: Expenditures \$50 and ι		
	Enter on page 1, line 4 →	1600		

<sup>\*</sup> 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 16 on page 1.

		TOWN CLERK'S OFFICE		
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			TOWN OF LUDLOW	
		1		
		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				

<sup>\*</sup> 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	RECEIVED TOWN CITEM'S OFFICE	Amount
			2021 JAN 20 A 8: 32	
			TOWN OF LUDLOW	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0