

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts RECEIVED	File with: City of Town Cl. 1
Fill in Reporting Period dates: Beginning Date: By SOFFICE	File with: City or Town Clerk or Election Commission  Ending Date: 3/5/2020
Type of Report: (Check one)	5
Type of Report: (Check one)	
Type of Report. (Check one)  8th day preceding preliminary  8th day preceding election 30	day after election  year-end report dissolution
Temes 1: Heccased	
Candidate Full Name (if applicable)	Committee Name  Committee Name  Committee Name
School Committee	Committee Name
Office Sought and District	Nort Harneston
112 Okrlook Dr / udlow ma	Name of Committee Treasurer
Residential Address 0/050	Committee Mailing Address
E-mail: hiph 860 Charter, 101 E-m	ail: Ndhrac chache ref
(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	me # (optional):
	(optional).
SHMMADV DALANCE IN	EODM
SUMMARY BALANCE IN	FORMATION:
Line 1: Ending Balance from previous report	86.28
	40.40
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	\$ 26.28
Line 6: Total in-kind contributions this period (page 6	0
Line 7: Total (all) outstanding liabilities (page 7)	f
Line 8: Name of bank(s) used: Westfield	Savings Bank
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best of my activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions.	knowledge and belief, a true and complete statement of all campaign finance
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in accor	outions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury: / Toel / Cleing to	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only	
/ Candidate with Committee	y)
I certify that I have examined this report including attached school is	of any to fell compaign finance
activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this committee in accordance.	nce 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  Candidate without Committee	d that are not otherwise disclosed in this report.
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-k campaign finance activity of all persons acting under the authority or on behalf of this can	ind annual to the term of the manied and conference the
2/2//	Date: 3-15-20
Signed under the penalties of perjury:	(Candidate's signature)

#### 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	Name and Residential Address () W (alphabetical listing required)	CLERK'S OFF	OE Occupation & Employer (for contributions of \$200 or more)
	2020	AR Ib A II	7.5
	ĬŨ	WN OF LUDLO	
$\parallel \parallel$			
			5
111			
111			
-			
ine 9: Total Receipt	ts over \$50 (or listed above)		
	ots \$50 and under* (not listed above)		
ine 11: TOTAL RE	ECEIPTS IN THE PERIOD	*O	← 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)	
Date Necessary	RECEIV TOWN CLERK'S	D		
	2020 MAR 16 A			
	TOWN OF LUDA	014		
40 4				
я-				
Line 9: Total Rec	ceipts over \$50 (or listed above)			
Line 10: Total Re	ceipts \$50 and under* (not listed above)	1963		
	RECEIPTS IN THE PERIOD	80	Enter on page 1, line 2 uld 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

Date Paid	To Whom Paid (alphabetical listing)	DZO MAR I Address. 35	Purpose of Expenditure	Amount
Date Paid	(aipnabetical listing) [	UZU PIKKI 1 BAUGICES. 35	Turpose of Expenditure	
111		TOWN OF LUDLOW	III III	
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111	, La			
111			111	
			111	
			11	
111				
				L
	n wa		1	<u> </u>
1				
		Line 12: Total Expenditures o	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	
		Line 14: TOTAL EXPENDI		#0

<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 Page 4 above.

## SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	Address	Purpose of Expenditure	
Date Paid	(alphabetical listing)		- ar pose of Expenditure	Amount
	RE	EIVED		
		THA SUFFICE		
	2020 MA	16 A II: 35		
	TUM	OF LUDLOW		
		100		
		Line 12: Expenditures ove	r \$50 (or listed above)	
		Line 13: Expenditures \$50	and under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
Enter on page 1, line 4 → Line 14: TOTAL Ext ENDITORES IN THE Line 13 should include only those expenditures not itemized				

<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.

Г	RECE	EIVED		
Date Received	From Whom Received CLI		Description of Contribution	Value
	2020 MAR	ь А II: 3 <b>5</b>		1
	TOWN	FLUDLOW		
		3.		
<b>\</b>				
	·	Line 15: In-Kind Contributions	s 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 C	ONTRIBUTIONS	\$0

<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**

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

ate Incurred	To Whom Due	Address. RECFIVE	Purpose	Amount
		ZOZO MAR 16 A	11	
		TOWN OF LUDI		
		Line 18: TOTAL OUTSTANI		<b>\$</b> O