

Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

	Please print or type all information, except signatures.	06/21/2020 (MMDD/YYYY)			20th day of January (Year-End report)	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. 3. I certify that I do not have a political committee.	OFFICE SOUGHT	School Canmittee							
	ī	Ending:			⋈ 30th day following election (town or special)	ations during this reporting period,	RESIDENTIAL ADDRESS (Street and Number)	178 PARKER							
DECEIVED	TOWN CLERK'S OFFICE	05/15/2020 1010 JUN 26 A 10: U	TOWN OF LUDEU		☐ 8th day preceding election ⊠ 30th day followin	nicipal Office. de any expenditures, or incurred any oblig:	SIGNATURE Signed under the penalties of perjury	1 1 S							
	Ludlow	Beginning:		leck One)	☐ 8th day preceding preliminary/primary ☐ 8th day pre	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expend 3. I certify that I do not have a political committee.	PRINT NAME	Jeffrey CAina	7					6	
of Massachusetts	City or Town of:	Reporting Period:		Type of Report: (Check One)	Sth day precedi	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a cand 2. I certify that I have not re 3. I certify that I do not hav	DATE	6-22-20							



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	RECEIVEU						
Fill in Reporting Period dates: Beginning Date:	Ending Date:						
Type of Report: (Check one)	TOWN OF LUDLOW						
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution						
Jeffrey A Loine	<u> </u>						
Candidate Full Name [if applicable) School Committee	Committee Name						
178 PARKER LN	Name of Committee Treasurer						
Residential Address E-mail:	Committee Mailing Address E-mail:						
Phone # (optional):	Phone # (optional):						
	J						
SUMMARY BALANC	CE INFORMATION:						
Line 1: Ending Balance from previous report							
Line 2: Total receipts this period (page 3, line 11))						
Line 3: Subtotal (line 1 plus line 2)							
Line 4: Total expenditures this period (page 5, lin	ne 14)						
Line 5: Ending Balance (line 3 minus line 4)							
Line 6: Total in-kind contributions this period (pa	age 6)						
Line 7: Total (all) outstanding liabilities (page 7)							
Line 8: Name of bank(s) used:							
Affidavit of Committee Treasurer:							
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the compaign						
Signed under the penalties of perjury:	(Treasurer's signature) Date:						
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)						
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in acting under the authority or on behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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, disbustements 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						
Signed under the penalties of perjury:	(Candidate's signature) Date: 6-22-20						

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 page.

TOWN CLERK'S OFFICE To Whom Paid Purpose of Expenditure () **Date Paid** (alphabetical listing) Address Amount -TOWN OF LUDLOW Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, line 4 → | Line 14: TOTAL EXPENDITURES 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.

Page 4

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid							
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount			
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		Line 12: Evnandiburas augu 050	(on listed above)				
! !		Line 12: Expenditures over \$50	(or instear appare)	<u></u>			
		Line 13: Expenditures \$50 and u	inder* (not listed above)				
		<u> </u>	<u> </u>				
		Line 14: TOTAL EXPENDIT					
from base itam	.:	include them in line 12. Line 13 sh					

^{*} 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 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	Purpose	Amount
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		Line 18: TOTAL OUTSTAND		