

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:	10129AN 19 A 9 23 DEC 31, 2020
Type of Report: (Check one)	TOWN OF LUDLOW
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable)  BOARD OF SELECTION LUDION  Office Sought and District  43 GNEW ST. LUDION, MA 01056  Residential Address  E-mail: KBR 1000 & CHARTER. NET  Phone # (optional):	Conductive To Elect Bill Rosenblum  Committee Name  KRISTEN ROSENBLUM  Name of Committee Treasurer  43 GALLIN ST. J LUDIOU MA 01056  Committee Mailing Address  E-mail: KBR1000 @ CHARTER. NET  Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	99.14
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	99.14
Line 4: Total expenditures this period (page 5, lin	e 14)
Line 5: Ending Balance (line 3 minus line 4)	99.14
Line 6: Total in-kind contributions this period (pa	ge 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 of finance activity of all persons acting under the authority of on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x 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 actincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury: William / Com	(Candidate's signature) Date: ///5/2/

#### 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? Fig.

<del></del>	Please include your committee name and a pa Name and Residential Address	Ī	OWN CI FRIOSCOPRIOS & Employer	
Date Received (alphabetical listing required) Amount		OWN CLERIOS COPRIOS & Employer (for contributions of \$200 or more)		
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			TOWN OF LUDLOW	
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Line 9: Total Rece	eipts over \$50 (or listed above)			
Line 10: Total Rec	eipts \$50 and under* (not listed above)			
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
		<del></del>	11 in about a publication and action in a distance of about	

<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)
	(mpanesas as a grequence)		
			RECEIVED TOWN CLERK'S OFFICE
			2021 JAN 19 A 9 23
			TOWN OF LUDLOW
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	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

1

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 எட்டு அது இட்டு பு					
	To Whom Paid	TOW	N CLERK'S OFFICE Purpose of Expenditure JAN 19 A 9 23	44	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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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 →	4 → Line 14: TOTAL EXPENDITURES 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. Page 4

# **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		REC	IVED k:s office	
	2		9 A 9 23	
	9		E LUDLOW	
		1041	TUOLO II	
	CNACH COMONON COMES WESTERN COMES AND		00-110-00-110-00-10-00-10-00-10-00-10-00-10-00-10-00-10-00-10-00-10-00-10-00-10-00-10-00-10-00-10-00-10-00-10-	
	£(10)?	Line 12: Expenditures over \$50	) (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
			THE PARTY OF THE STATE OF THE S	
	Enter on page 1, line $4 \rightarrow$	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.

## 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.

	From Whom Received*  Residential Address  Description of Contribution  Value  2021 JAN 19 A 9 23					
Date Received	From Whom Received*	Residential Address	S OFFICE  Description of Contribution	Value		
	Trom ( Mont Received	2021 JAN 19	A 9 23			
	1 1	TOWN OF	uni OW			
		TOWN OF	002011			
			,			
		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 →	5 → 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	Purpose	Amount
			RK'S OFFICE	
		111	9 A 9:23	
		TOWN	FLUDLOW	
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

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