

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| Fill in Reporting Period dates: Beginning Date:                                                                                                                                                                                                                                                             | File with: City or Town Clerk or Election Commission  6-2-20 Ending Date: 5-44-20     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Type of Report: (Check one)                                                                                                                                                                                                                                                                                 |                                                                                       |
| 8th day preceding preliminary 8th day preceding election                                                                                                                                                                                                                                                    | 30 day after election  year-end report dissolution                                    |
| Stephen Santos                                                                                                                                                                                                                                                                                              |                                                                                       |
| Dept of Public Wolks Board                                                                                                                                                                                                                                                                                  | Committee Name                                                                        |
| 338 Lyon St. Wallow MA. aus                                                                                                                                                                                                                                                                                 | Name of Committee Treasurer                                                           |
| Residential Address E-mail:                                                                                                                                                                                                                                                                                 | Committee Mailing Address E-mail:                                                     |
| Phone # (optional):                                                                                                                                                                                                                                                                                         | Phone # (optional):                                                                   |
| SUMMARY BALANCI                                                                                                                                                                                                                                                                                             | E INFORMATION:                                                                        |
| Line 1: Ending Balance from previous report                                                                                                                                                                                                                                                                 |                                                                                       |
| Line 2: Total receipts this period (page 3, line 11)                                                                                                                                                                                                                                                        | 375-77                                                                                |
| Line 3: Subtotal (line 1 plus line 2)                                                                                                                                                                                                                                                                       | 375.77                                                                                |
| Line 4: Total expenditures this period (page 5, line                                                                                                                                                                                                                                                        | 375-77                                                                                |
| Line 5: Ending Balance (line 3 minus line 4)                                                                                                                                                                                                                                                                | 0                                                                                     |
| Line 6: Total in-kind contributions this period (page                                                                                                                                                                                                                                                       | ge 6) O                                                                               |
| Line 7: Total (all) outstanding liabilities (page 7)                                                                                                                                                                                                                                                        |                                                                                       |
| Line 8: Name of bank(s) used: Luso Fee                                                                                                                                                                                                                                                                      | denal credit Union                                                                    |
| Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co                                                                        | of my knowledge and belief, a true and complete statement of all campaign finance     |
| finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:                                                                                                                                                                       | accordance with the requirements of M.G.L. c. 55.                                     |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box                                                                                                                                                                                                                                            |                                                                                       |
| 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 accommittee any liabilities nor made any expenditures on my behalf during this reporting process. | ordance with the requirements of M.G.L. c. 55. I have not received any contributions. |
| 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    |

# **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 (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more)                  |
|-------------------|--------------------------------------------------------------|--------|-----------------------------------------------------------------------------|
| 1                 | Stephon Santos Cullowma                                      |        | Steve Saito Landscapy                                                       |
|                   |                                                              |        |                                                                             |
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|                   |                                                              |        |                                                                             |
| ine 9: Total Rece | ipts over \$50 (or listed above)                             | 375.77 |                                                                             |
| <del> </del>      | eipts \$50 and under* (not listed above)                     | 0      |                                                                             |
|                   | RECEIPTS IN THE PERIOD                                       | 37S-77 | Enter on page 1, line 2  Id include only those receipts not itemized above. |

<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)          |
|------------------------|--------------------------------------------------------------|------------------|---------------------------------------------------------------------|
|                        |                                                              |                  | (for contributions of \$200 or more)  RECEIVED  TOWN CLERK'S OFFICE |
|                        |                                                              |                  | 7020 MAY 21 -A 8: 58                                                |
|                        |                                                              |                  | 10WN OF LUDLOW                                                      |
|                        |                                                              |                  | TOTAL OF ESDEST                                                     |
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| Line O. T. (1)         | 4                                                            | <u> </u>         | <u></u>                                                             |
|                        | ots 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                                           |
| * If you have itemized | receipts of \$50 and under, include them in line             | 9. Line 10 shoul | d include only those receipts not itemized above.                   |

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#### 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.)

|           | To Whom Paid             | ittee name and a page number on    | enon pager)                                             |        |
|-----------|--------------------------|------------------------------------|---------------------------------------------------------|--------|
| Date Paid | (alphabetical listing)   | Address                            | Purpose of Expenditure                                  | Amount |
| 3-16-2020 | Big Daddy Signs          | 24 Lexington DR<br>LA CONTAWHO5246 | Political Signs                                         | 375-77 |
|           |                          |                                    |                                                         |        |
|           |                          |                                    |                                                         |        |
|           | 8: 58<br>W               |                                    |                                                         |        |
|           | 21 A<br>21 A<br>OF LUDL  |                                    |                                                         |        |
|           | 70WN<br>2028 MAY<br>70WN |                                    |                                                         |        |
|           |                          |                                    |                                                         |        |
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|           |                          |                                    |                                                         |        |
| N II      |                          |                                    |                                                         |        |
|           |                          | Line 12: Total Expenditures ov     | rer \$50 (or listed above)                              | 375.77 |
|           |                          | Line 13: Total Expenditures \$50   | 0 and under* (not listed above)                         | 0      |
|           |                          | Line 14: TOTAL EXPENDIT            | URES IN THE PERIOD hould include only those expenditure | 375.77 |

<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)

| To Whom Paid                                                        |                        |                                       |                              |           |
|---------------------------------------------------------------------|------------------------|---------------------------------------|------------------------------|-----------|
| Date Paid                                                           | (alphabetical listing) | Address                               | Purpose of Expenditure       | Amount    |
|                                                                     |                        |                                       | RECEIVED TOWN CLERK'S OFFICE |           |
|                                                                     |                        | ]                                     | TOWN CLERK'S OFFICE          |           |
|                                                                     |                        |                                       | 2020 HAY 21 A 8: 587         |           |
|                                                                     |                        |                                       | TOWN OF LUDLOW               |           |
|                                                                     |                        |                                       |                              |           |
|                                                                     |                        |                                       |                              |           |
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|                                                                     |                        |                                       |                              |           |
| Line 12: Expenditures over \$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 |                        |                                       |                              |           |
|                                                                     |                        | : include them in line 12. Line 13 si |                              |           |

<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.

| Date Received | From Whom Received*                                        | Residential Address                                            | Description of Contribution | Value |
|---------------|------------------------------------------------------------|----------------------------------------------------------------|-----------------------------|-------|
|               |                                                            |                                                                |                             |       |
|               | FFICE<br>8: 58<br>3:W                                      |                                                                |                             |       |
|               | CEIVE<br>FF. S. S. C. A. OF LUD.                           |                                                                |                             |       |
|               | TOWN<br>2020 HA                                            |                                                                |                             |       |
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|               |                                                            |                                                                |                             |       |
|               | 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                 | Purpose                | Amount |
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|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                        |        |
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|               | Enter on page 1. line 7 →                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Line 18: TOTAL OUTSTAND | DING LIABILITIES (ALL) |        |