

Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	Please print or type all information, except signatures.	4 11 /2021	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.	S OFFICE SOUGHT	School Committee	RECEIVED TOWN CLERK'S DEFICE 2021 APR 20 P 3: 10 TOWN OF LUDLOW
		Ending:	30th day following election (town or special)	gations during this reporting perio	RESIDENTIAL ADDRESS (Street and Number)	335 IN DINE	
		2021 (MM/DD/YYYY)	☐ 8th day preceding election	nicipal Office. de any expenditures, or incurred any obli	Signed under the penalties of perjury	Church Pr	
	udlas	Beginning: 3/5/20	nary/primary	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	sant buder	
Of Ividasadelidaena	City or Town of:	Reporting Period:	Type of Report: (Check One)	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a cand 2. I certify that I have not r 3. I certify that I do not hav	DATE	1 1 mage 7	

PRECEIVED
TOWN CLERK'S OFFICE
2021 APR 20 P 3 10
TOWN OF LUDLOW



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 3	5 2031 Ending Date: 4 11 2021
Type of Report: (Check one)	1
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
Jarah Francos Bowler	
Candidate Full Name (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
225 Irla Mue	
E-mail: RXD1 DO1 @ AMOUNT COM	Committee Mailing Address E-mail:
Phone # (optional): 413-631-11(c)	Phone # (optional):
11.0 401 11.01	
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	8
Line 2: Total receipts this period (page 3, line 11)	Ø 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Line 3: Subtotal (line 1 plus line 2)	APR CC
Line 4: Total expenditures this period (page 5, line	: 14)
Line 5: Ending Balance (line 3 minus line 4)	2 w 3
Line 6: Total in-kind contributions this period (page	ge 6) 5
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 of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in a	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the lactivity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting process.	
Cardidate without Committee Certify that I have examined this report including attached schedules and it is, to the I 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:

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)
Tice Tice	<u>o</u>		
E I V E	20 P		
OWN SEC	TOWN C		
Line 9: Total Rece	ipts 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

^{*} 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)
			-
			2
			7071 7071 1 0 1
			RECE WHOLER II APR 20 III WN OF L
			VED SOFFII P 3
		~	
ine 9: Total Recei	pts over \$50 (or listed above)		
**************************************	ipts \$50 and under* (not listed above)		
ine 11: TOTAL R	RECEIPTS 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 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 page.)

port an expend		nittee name and a page number on	each page.)	I
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faid	(arphabetical listing)	Address	Turpose of Expenditure	
				L
	10 10			
	8 % 0%			
H	20 20 0FL			
ar.	7021 A TOW			
	37			
				T
1				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Dutan an access 1 line 4 S	Line 14: TOTAL EXPENDIT	TIRES IN THE PEDIOD	
	Enter on page 1, line $4 \rightarrow$	r include them in line 12. I ine 13 s		

^{*} 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		
				T		
			21			
			10 07	Þ		
			APR 20			
			R 2	2		
			S OFFICE P 3: II			
			OLOW DLOW			
				ľ		
				<u> </u>		
		Line 12: Expenditures over \$50	0 (or listed above)			
		Line 13: Expenditures \$50 and				
		Accomplished No. 1971 No. 1 (2005) 1971 No. 1 (2				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	100 (Prop) (SIA) (SIA)		
· ·		. 1 1 d . 1. 10 Y. 10	should include only those expenditure			

^{*} 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
	: 10 4			
EIVE	20 P 3			
REC	7021 APR 20 TOWN OF 1			
		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	

^{*} 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		
OF A POSSON IN						
			202			
			APR 20			
			P 3:	5		
			ō **i			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)						

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