

Form CPF M 102: Campaign Finance Report Municipal Formation Office of Campaign and Political Finance RECEIVED

		20-	File with: City or Pown Cler	h or Election Commission
Fill in Reporting Period dates: Beginning Date: ,	1,121	Ending 1	BatUAR 173 415/3	2/
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Type of Report: (Check one)			OWN OF LUDI OW	
1	□ 20 1 C		- LOW	
8th day preceding preliminary 8th day preceding election	30 day af	ter election	year-end report	dissolution
DARLENE CINCONE		Ma	_	
BOARD OF SELECTIVAN		7 (Committee Name	
177 Prove ST		Nar	me of Committee Treasurer	
E-mail: dcincone @ Charter. net	E-mail:	Co	ommittee Mailing Address	
Phone # (optional): 413-583-2935	Phone # (opti	onal):		
/	J L	3.7		
SUMMARY BALAN	CE INFORM	MATION:		
Line 1: Ending Balance from previous report			-0-	
Line 2: Total receipts this period (page 3, line 1)			-6-	
Line 3: Subtotal (line 1 plus line 2)			-0-	
Line 4: Total expenditures this period (page 5, li	ne 14)		-0-	
Line 5: Ending Balance (line 3 minus line 4)			-0	
Line 6: Total in-kind contributions this period (p	age 6)		-0-	
Line 7: Total (all) outstanding liabilities (page 7)			-0-	
Line 8: Name of bank(s) used:	N	ya		
Less in so in T				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is to the be 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 is Signed under the penalties of perjury:	contributions and	liabilities for this	reporting period and represent	nts the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 t	ox only)	HIS SUVAN TO S		/ /
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 a incurred any liabilities nor made any expenditures on my behalf during this reportire.	ne best of my know	requirements of	M.G.L. c. 55. I have not rece	t of all campaign finance sived 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, disbursement campaign finance activity of all persons activity under the authority or on behalf of the contributions.	ts, in-kind contribu	tions and liabilitie	es for this reporting period an	d represents the
	eme	(Candidata's	Date:	-1 /-1

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)	RK'S DEFICE	Occupation & Employer (for contributions of \$200 or more)
Date Received		7 · A []: 37	
		II 1	
	I TOWN 0	LUDLOW	
		<u> </u>	
			<u> </u>
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL I	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 shoul	d include only those receipts not itemized above.

^{*} 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)
		REC TOWN CL	EIVED EK'S OFFICE
		2021 MAR	T-A II: 37
		14,	
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	ripts \$50 and under* (not listed above)		
	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.)

4	To Whom Paid	RECEIVED TOWN CANDINGS OFFICE	enen page.)			
Date Paid	(alphabetical listing)	TOWN CARRIES OFFICE	Purpose of Expenditure	Amount		
			A at pose of Expenditure	Amount		
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		Line 12: Total Expenditures over	er \$50 (or listed chave)			
		Diffe 12. Total Expenditures ove	er and (or rigida grove)			
Line 13: Total Expenditures \$50 and under* (not listed above)						
				<u></u>		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD			
		include them in line 12. I inc 12 sh		L		

^{*} 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
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		OWK (ERK'S OFFICE	
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		Line 12: Expenditures over \$50	(or listed above)	
	ì			
		Line 13: Expenditures \$50 and u	inder* (not listed above)	
	Entan an occasion de	Time 14. TOTAL EXPENSES	The all man parts	
		Line 14: TOTAL EXPENDITU		

^{*} 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*	RECEIVED	Description of Contribution	Value
		021 MAR 17 A 11: 37		
		TOYM OF LUDLOW		
,		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 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
		TOWN O	EIVED EX'S OFFICE	
		2071 1467	7 A 11-37	
		111	FLUDLOW	
			LUDEUM	

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

Of Massaciluseus			ファンフミニ	
City or Town of:	Lushod		TOWN CLERK'S OFFICE	Please print or type all information, except signatures.
Reporting Period:	Beginning: 1/1/2021	///aoa/	2021 HAB 17 Endines 7	3/15/2021
Type of Report: (Check One)	One)	-	MOMM OF LUDICOM	
8th day preceding pr	eliminary/primary	8th day preceding preliminary/primary \(\int\)8th day preceding election	30th day following election (town or special)	20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candi	pter 55: a candidate for or cu	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office.		
I certify that I hav	ve not received any co	ontributions, made any expenditure	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	iod, and do not have a campaign fund in existence.

3. I certify that I do not have a political committee.

			П		Ly	
					15/2021	DATE
					15/2021 DARLENE CINCONE	PRINT NAME
						SIGNATURE Signed under the penalties of perjury
					177 Pooce ST.	RESIDENTIAL ADDRESS (Street and Number)
					SELEBTMAN)	OFFICE SOUGHT