

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

Office of Campaign and Political Finance

	Please print or type all information, except signatures.	11/2021 (MM/DD/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.	S OFFICE SOUGHT	- Board of Public Works.					
	OLERK'S OFFICE	1021 APR 20 Findings: 08 04/	TOWN OF LUDIOW	30th day following election (town or special)	igations during this reporting period	RESIDENTIAL ADDRESS (Street and Number)	1361 Lyon Street					
	TOWN	5/2021 1021 AP	TWO!	☐ 8th day preceding election ☐ 30th day follov	nicipal Office. de any expenditures, or incurred any obl	Signed under the penalties of perjury	hus Clause					
	Luston, MA	Beginning: 03/0	One	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	Seith Okelletts				,	
or iviassachusetts	City or Town of:	Reporting Period:	Tyne of Renort: (Check One)	Type on response (Circle One) Sth day preceding preliminary/primary	Oursuant 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	64/18/2021 Ha					

RECEIVED TOWN CLERK'S OFFICE

2021 APR 20 A II: 09 TOWN OF LUDLOW



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 3-5	-202 Ending Date: 4-1/-2021
Type of Report: (Check one)	
	30 day after election □ year-end report □ dissolution
Candidate Full Name (if applicable) Board of Cultic Works Office Sought and District 1361 Lyon Strail: Residential Address E-mail: Keith & Manely & Cats & Com Phone # (optional): 413 - 218 - 4074	Committee Name Name of Committee Treasurer Committee Mailing Address E-mail: Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	\mathcal{E}
Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Fotal expenditures this period (page 5, line	. 14)
Line 5: Ending Balance (line 3 minus line 4)	Ø
Line 6: Total in-kind contributions this period (page	ge 6) O
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	NA
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:
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 accincurred any liabilities nor made any expenditures on my behalf during this reporting page (Candidate without Committee)	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
I certify that I have examined this report including attached schedules and it is, to the transparent 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

(Candidate's signature)

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)
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CEIV	[e 근		
R. 10.2.1	1702		
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	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)
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三	20 0FLL		
RECOWN	W. W.		
101	1202 100 100 100 100 100 100 100 100 100		
		3	
	· II		
ine 9: Total Recei	pts over \$50 (or listed above)	0	
ne 10: Total Rece	ipts \$50 and under* (not listed above)	0	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← 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	To Whom Paid	nittee name and a page number on	each page.)		
Date Paid					
Date Faid	(aiphiabetical listing)	Address	Furpose of Expenditure	Amount	
- 1			1		
	-				
=	1				
	σ				
0 3	MO :M		P P P P P P P P P P		
		L	L		
Шф	0 :: 0 M				
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النا	I APR 20 TOWN OF I				
9	1021 APR				
الما	£ = 2				
4	5 8				
1					
			[[1	
				L	
		Line 12: Total Expenditures ov			
		Line 13: Total Expenditures \$50	0		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITURES IN THE PERIOD			
	Enter on page 1, title 4 3	Line 14. TOTAL EXI ENDIT	CRES IN THE LEMOD		

^{*} 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	To Whom Paid							
Date Paid (alphabetical listing)		Address	Purpose of Expenditure	Amount					
			202						
			, three	7					
			APR NO.						
			APR 20) 1					
				-					
			A II:						
	L	L	'S OFFICE						
			9 m						
		0							
		Line 12: Expenditures over \$50	(or listed above)	A					
180		Diffe 12. Experiences over \$30	(of fisted above)						
		Line 13: Expenditures \$50 and	under* (not listed above)	\Diamond					
*									
2. 8	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES 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.

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
	6"			
VED	A II: 0			
ECEI	APR 20 WN OF L			
R	1.02 1.02 1.0			
		Line 15: In-Kind Contributions	0	
		Line 16: In-Kind Contributions	0	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	0	

^{*} 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
		1		
			TOWN TOWN	
			TOWN C. Z0Z1 APR TOWN	
			OWN CLERK'S OFFICE OWN CLERK'S OFFICE OWN OF LUDLOW	
			FICE II: 09	
				Na 1 00 0000010 00000 P1100

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