

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

and a supplemental control and a supplemental and a		File with: City or Town Cle	erk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1-1-20	~ · · · · · · · · · · · · · · · · · · ·	
Type of Report: (Check one)		TOWN	OF LUDLOW
8th day preceding preliminary 8th day preceding election	on 30 day	y after election year-end report	dissolution
Keith Candidate Fall Name (if applicable)		Committee Name	
Office Sought and District 1361 Lyon St hudby MA	_ _	Name of Committee Treasurer	and the second s
E-mail: Keith @ mainely &RATS. Com	E-mail:	Committee Mailing Address	
Phone # (optional): 413-218-4074	Phone # ((optional):	
SUMMARY BALA	ANCE INFO	PRMATION:	
Line 1: Ending Balance from previous report	Li		
Line 2: Total receipts this period (page 3, line	e 11)	39121	
Line 3: Subtotal (line 1 plus line 2)		39131	
Line 4: Total expenditures this period (page 5	5, line 14)	#39131	
Line 5: Ending Balance (line 3 minus line 4)		0	
Line 6: Total in-kind contributions this period	d (page 6)	0]
Line 7: Total (all) outstanding liabilities (pag	(e 7)	0	
Line 8: Name of bank(s) used:	wo		
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to th activity, including all contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the authority or on behalf of this commit	-kind contributions	and liabilities for this reporting period and represent the requirements of M.G.L. c. 55.	f all campaign finance sents the campaign
Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (checl	li 1 han anlas	(Treasurer's signature) Date:	
Candidate with Committee I certify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this rep	, to the best of my ke in accordance with	h the requirements of M.G.L. c. 55. I have not re	ent of all campaign finance ceived any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, finance activity, including contributions, loans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on behalf	ements, in-kind con	tributions and liabilities for this reporting period a	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.)

Name and Residential Address Occupation & Employer					
Date Received (alphabetical listing required)		Amount	Occupation & Employer		
Date Received			(for contributions of \$200 or more)		
7-76-2-21	1 Lest Ownlette	91	Superintendent Springfield wheter		
2-26-2021	1361 Lyon St Lislow, NA	13912	Superintendent Springfield wheter and sever Commission		
	La page of the pag		3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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C.3.	70WW (
70	170				
1-	7				
ine 9: Total Recei	pts over \$50 (or listed above)				
ine 10: Total Recei	ipts \$50 and under* (not listed above)				
no 11. TOTAL P	ECEIDTS IN THE PERSON	00 21			
2 DO 3 N. SELL TO ALL TO THE POST OF STATE S	ECEIPTS IN THE PERIOD	DR 131	← Enter on page 1, line 2		
Evon have itemined	receipts of \$50 and under include them: 11		발표한 1일 1일 전 전환 12점 T : 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1		

^{*} 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)
			(9)
	1: 26 3: 26 3: 26		
<u> </u>	7 9		
Ц	16 0F.L		
	ZI M RR		
	702 TO		
ne 9: Total Rece	ipts over \$50 (or listed above)		
ne 10: Total Rece	ripts \$50 and under* (not listed above)		
ne 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 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
2-26-2021	Signs and the Chap.	115257 Stanehalber Dr Suite 100 Austin, TX 78758	Lawn Signs	139/31	
		Austin, TX 78758			
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9	- 0 W				
1	700 C				
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	202				
] [] [
	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 EXPENDITU	URES IN THE PERIOD	\$3913L	
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

^{*} 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
	25 26			
	K'S OFF			
	MAR 100 MW 0F			
		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 $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	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
	0.W C.			
	MAR 19 P			
T.	ZON MAR 1			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	

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.)

eport all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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	JIL				
		Line 12: Total Expenditures ov	er \$50 (or listed above)		
		20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	rationer variable = 12 (1990) = 1,000 (1990)		
		Line 13: Total Expenditures \$50	0 and under* (not listed above)		
			,		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		
	f you have itemized expenditures of \$50 and under include them in line 12. I ine 13 should include only those expenditures not itemized				

^{*} 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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