

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts	RECEIVED TOWN GILLEWIN: SIDEFICE CLERK OF Election Commission
Fill in Reporting Period dates: Beginning Date: 1-1-30	n " n .
Type of Report: (Check one)	TOWN OF LUDLOW
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day	ay after election year-end report dissolution
CARCLYN ROCOWSKI-DUARTE Candidate Full Name (if applicable) BOARD OF HEALTH Office Sought and District JS SUMMER AVENUE Residential Address E-mail: Crogo 1953 Conorter. nel Phone # (optional): 413 530-6331 Phone #	Committee Name Name of Committee Treasurer Committee Mailing Address (optional):
SUMMARY BALANCE INFO	ORMATION:
Line 1: Ending Balance from previous report	-0-
Line 2: Total receipts this period (page 3, line 11)	669.38
Line 3: Subtotal (line 1 plus line 2)	669.38
Line 4: Total expenditures this period (page 5, line 14)	669.38
Line 5: Ending Balance (line 3 minus line 4)	-0-
Line 6: Total in-kind contributions this period (page 6)	-0-
Line 7: Total (all) outstanding liabilities (page 7)	-0-
Line 8: Name of bank(s) used: Non E	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my know activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution finance activity of all persons acting under the authority or on behalf of this committee in accordance Signed under the penalties of perjury:	is and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	2 2 2
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my activity, of all persons acting under the authority or on behalf of this committee in accordance wi incurred any liabilities nor made any expenditures on my behalf during this reporting period that	ith 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 best of my finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind concampaign finance activity of all persons acting under the authority or on behalf of this candidate	ntributions and liabilities for this reporting period and represents the in-accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Las olin Rogaewske	Juan (Candidate's signature) Date: 3-9-3621

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 200re)
3-1-21	CAROLYN DUARTE	478.13	RETIZED TOWN OF LUDLOW
3-4-21	AFROLYNS ROCOUSKI- DUPTERE 25 SUMMER AUE	191.25	RETIREZ
	:4,		
Line 9: Total Rece	ipts over \$50 (or listed above)	66938	
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	669.38	← 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)
DATE ACCEIVED	(mphabetteat ining required)	Amount	RECEIVED TOWN CLERK'S OFFICE
			2021-11/AR - 9+ P 3: 29
			TOWN OF LUDLOW
		,[
		<u></u>	
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$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 pages Wil CLERK'S OFFICE

report all expenditures. Please include your committee name and a page number on each page) WH ULERA S UFFICE					
	To Whom Paid		29		
Date Paid	(alphabetical listing)	Address	Purpellor Expenditure 3	- 'Amount	
		658 FULLER S.	TOWN OF LUDLOW		
1	11. 15.	10.		11 .	
1721	CHUCK'S SIGRE	CHICOPEE, NA CAICOPEE, MA	516NS	478.13	
		658 FULLER ST.	" '		
, ,		1. 2- 42		il . I	
3-122	CHUCKS SIGNS	CAICOPEE, 174	SIGNS	191.25	
	·				
		1			
ŀ	l l				
		!		<u> </u>	
.					
]					
 					
]					
	<u> 1 </u>			<u> </u>	
Line 12: Total Expenditures over \$50 (or listed above)					
		Line 13: Total Expenditures \$50	and under* (not listed above)		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES 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.

Page 4

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			Purpose of Expenditure RECEIVED TOWN CLERK'S OFFICE	
			II II	
			707 148-9-P-3:-29	
			11 ' II	
	·		TOWN OF LUDLOW	
<u>. </u>		<u> </u>		<u> </u>
]	
				
<u> </u>		,		
<u> </u>				
l i				
1				
	' '	<u> </u>		
			L	
		Line 12: Expenditures over \$50	U (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
			and (not noted doors)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
		include them in line 12. Line 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.

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.

TOWN CLERK'S OFFICE				
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Description of Contribution	
1 1			TOWN OF LUDLOW	
1				
			,	7.
	_			
		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 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

^{*} 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.

Page 6

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	RECENTED DWN CLERK'S OFFICE	Amount
			771 HAR -91 P 3: 29	
			TOWN OF LUDLOW	
		•		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	

		٠.