

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts	RECEIVED TOWN CIFIE WILLS OF FITTOWN Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date:	1/2021 Ending Date: 3/4/2021			
Type of Report: (Check one)	TOWN OF LUDLOW			
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution			
Candidate Full Name (if applicable) BO.A Office Sought and District Soldwight Olds Colors Residential Address E-mail: Tom Re Charter. res Phone # (optional): 413/5-6565	Committee Name Committee Name Committee Name Committee Treasurer Name of Committee Treasurer Committee Mailing Address E-mail: Phone # (optional):			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	100 00			
Line 2: Total receipts this period (page 3, line 11)	8			
Line 3: Subtotal (line 1 plus line 2)	100.00			
Line 4: Total expenditures this period (page 5, lin	e 14)			
Line 5: Ending Balance (line 3 minus line 4)	1000			
Line 6: Total in-kind contributions this period (pa	ge 6) 💍 💍			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used: TO BA	nel			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date:				
Candidate with Committee Candidate with Committee Candidate with Committee Candidate with Committee Candidate with Committee Candidate without Co	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report. best of my knowledge and belief, a true and complete statement of all campaign, in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury:	(Candidate's signature) Date: 3/6/221			

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)
	2021 MAR 10 A 11: 28		
	TOWN OF LUDLOW		
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Recei	ipts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS 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)

2000 000 50 MI	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			DE OFWED
			RECEIVED
			2021 MAR 10 A 11: 28
			TOWN OF LUDLOW
- to	5		*
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 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 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.)

Date Paid	To Whom Paid (alphabetical listing)	\ \\\: 28 Address Purpose of Expenditure		Amount	
	TOWN OF L	DLOM			
	10111				
		- v 3	, , , , , , , , , , , , , , , , , , ,		
		Line 12: Total Expenditures over \$50 (or listed above)			
		Line 13: Total Expenditures \$50 and under* (not listed above)			
T.	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT			

^{*} 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			21MA AY
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		37 2 4 5	RECEIVED TOWN CLERK'S OFFICE	
		Y -	2021 MAR 10 A 11: 28	-
			TOWN OF LUDLOW	
	3			
	3			
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
	Enter on page 1, line 4 →	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*	K'S OFFICE Residential Address	Description of Contribution	Value
Date Received	PAN 1500	D A II: 28	Description of Contribution	Value
	THAI THAI	ELUDLOW		
	1000			
		1		
		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
		RE	FRK'S UFFICE	
		2021	NR 101 A 11: 48	
		TON	N OF LUDLOW	
			21/2	
			2 10 10	
] <u> </u>
][
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

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