

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission		
Fill in Reporting Period dates: Beginning Date:	11 22 Ending Date: 417 22		
Type of Report: (Check one)			
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election  year-end report dissolution		
John B. Orban Candidate Full Name (if applicable)	Committee Name		
Office Sought and District	Name of Committee Treasurer		
320 Miller St. Wow	Name of Committee Treasurer		
E-mail: Urban, 9 a hotmail, com	Committee Mailing Address  B-mail:		
Phone # (optional): 413 - 531 - 2683	Phone # (optional):		
SUMMARY BALANC	CE INFORMATION: $\sigma^{-\hat{r}\hat{n}}$		
Line 1: Ending Balance from previous report	0		
Line 2: Total receipts this period (page 3, line 11)			
Line 3: Subtotal (line 1 plus line 2)			
Line 4: Total expenditures this period (page 5, lin	ne 14)		
Line 5: Ending Balance (line 3 minus line 4)			
Line 6: Total in-kind contributions this period (pa	age 6)		
Line 7: Total (all) outstanding liabilities (page 7)			
Line 8: Name of bank(s) used:	$A \cup A$		
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best 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 in	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.		
Signed under the penaltics of perjury:	(Treasurer's signature) Date:		
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	oz oniy)		
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 reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period that are not otherwise disclosed in this report.		
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 acting under the authority or of behalf of the	tis candidate in accordance with the requirements of M.G.L. c. 55.		
Signed under the penalties of perjury	(Candidate's signature) Date: 7/4/40		

#### 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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71	TOTZ AP		
ine 9: Total Recei	pts over \$50 (or listed above)	0	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	0	
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

<sup>\*</sup> 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)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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inc 9: Total Rece	ipts over \$50 (or listed above)	0		
ine 10: Total Rece	eipts \$50 and under* (not listed above)	0		
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	0	Enter on page 1, line 2	
If you have itamine		0 1: 10 1	Id include only those receipts not itemized above	

<sup>\*</sup> 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.)

report 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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		Line 12: Total Expenditures ov	er \$50 (or listed above)	0	
			<u></u>		
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	$\circ$	
				<u> </u>	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	6	

<sup>\*</sup> 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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	11.35 S			National Nat
	45 8 7			
7	TOWN OWN			
	TOWIT: 0			
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		Line 12: Expenditures over \$5	0 (or listed above)	0
		Line 13: Expenditures \$50 and	under* (not listed above)	0
	Enter on page 1, linc 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	Ø

<sup>\*</sup> 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
		:		
	F			
			2022 APR	10 10
			WAT OLLERK'S OFFICE 25 A 10: TOWN OF LUDLOW	EW
			WOW	
		Line 15; In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	Ö

<sup>\*</sup> 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
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	200			
	Enter on page 1, line 7	→ Line 18: TOTAL OUTSTA	NDING LIABILITIES (ALL)	