

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: 04/1	17/2023 Ending Date: 12/31/2023 8 A 11: 38
Type of Report: (Check one)	大· 育 養以上自身企設。
	☐ 30 day after election ☑ year-end report ☐ dissolution
oth day preceding premininary oth day preceding election	year-end report dissolution
Kim M. Batista	Committee to Elect Kim M. Batista
Candidate Full Name (if applicable) Town Clerk	Committee Name
Office Sought and District	Pamela Fleming Name of Committee Treasurer
12 Valley View Dr, Ludlow, MA 01056	86 Kelly Rd., Chicopee, MA 01022
Residential Address	Committee Mailing Address
E-mail: kim.batista729@yahoo.com	E-mail:
Phone #: 413-589-7631	Phone # :
CUMPI A DV DAY A VO	THE INTERPRETATION
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	70.51
Line 2: Total receipts this period (page 3, line 12)	0.00
Line 3: Subtotal (line 1 plus line 2)	0.00
Line 4: Total expenditures this period (page 5, line 15)	0.00
Line 5: Ending Balance (line 3 minus line 4)	70.51
Line 6: Total in-kind contributions this period (page 6,	line 18)
Line 7: Total (all) outstanding liabilities (page 7, line 1	9)
Line 8: Total out-of-pocket expenses this period (page 8	8, line 22)
Line 9: Name of bank(s) used: Country Bank	
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 of 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 penalties of perjury: Yamela a. Flero	(Treasurer's signature) Date: 1/13/2024
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)
	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, disbursements campaign finance activity of all persons acting under the authority or on behalf of thi	s, in-kind contributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	F WM OF LUGLOW		
		4.5	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			2924 JAN 18 A II: 38
			HAN CHILDTLON
Line 10: Total Receipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11	
Line 11: Total Rece	eipts \$50 and under (not listed above)		should include only those receipts not itemized above.
Line 12: TOTAL I	RECEIPTS IN THE PERIOD	0.00	☐ Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to reportfull expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid R A	11: 38 Address	Purpose of Expenditure	Amount
	CHANGE EUS	0W		

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			W. H. Sun	
]			7074 JAN 18 A III	38
			HAR OF LUCLON	
* If you have and under, in	e itemized expenditures of \$50 clude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	
	de only those expenditures not itemized above.	Line 14: Expenditures \$50 and t	under (not listed above)	
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	0.00

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
	SYN CF LUGLOW			
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above. Enter on page 1, line 6 →		Line 16: In-Kind Contributions over	er \$50 (or listed above)	
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
				0.00

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose S OFFICE	Amount
			2001 121 18 A. 11: 31	<u> </u>
			7924 JAN 18 A 11: 34	
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	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0.00

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loah, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures: Please include the candidate or committee name and a page number on each additional page.

7020 JAN 18 A 11: 38

Name and Address of Vendor **Date Paid** (alphabetical listing required) Purpose of Expenditure Amount Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 * If you have out-of-pocket expenses of \$50 (or listed above) and under, include them in line 20. Line 21 Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and should include only those expenditures not under (not listed above) itemized above. Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD 10.00 Enter on page 1, line 8

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