

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission Ending Date: December 21, 2023 Beginning Date: Janurary 1, 2023 Fill in Reporting Period dates: Type of Report: (Check one) ☐ 30 day after election year-end report -dissolution ■ 8th day preceding preliminary ■ 8th day preceding election Committee to Elect James Gennette JamesThomas Gennette Committee Name Candidate Full Name (if applicable) Shane Newell Selectman Name of Committee Treasurer Office Sought and District 114 Caddyshack Drive, Chicopee, Ma 01020 239 State Street Ludlow Ma 01056 Committee Mailing Address Residential Address E-mail: ShaneArthurNewell@gmail.com E-mail: jaygen1@gmail.com Phone #: 518-744-1886 Phone #: 413-474-1905 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 12) 0 Line 3: Subtotal (line 1 plus line 2) 0 Line 4: Total expenditures this period (page 5, line 15) Line 5: Ending Balance (line 3 minus line 4) 0 Line 6: Total in-kind contributions this period (page 6, line 18) 0 Line 7: Total (all) outstanding liabilities (page 7, line 19) Line 8: Total out-of-pocket expenses this period (page 8, line 22) Westfield Bank Line 9: Name of bank(s) used: 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. Date: 1/22/2024 Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee 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, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting 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 best of my knowledge and belief, a true and complete statement of all campaign finance activity, including 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 candidate in accordance with the requirements of (Candidate's signature) Signed under the penalties of perjury: TOWN CLERK'S OFFICE



Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fil id Gi T		7 77						
File with: City or Town C		ommission						
Report Being Amen	ded: Year:	2023 Reporting Period:	Be	ginning Date: <u>01/01/202</u>	Ending Date:	12/31/2023		
8th day preceding	g preliminary	☐ 8th day preceding election		30 day after election		dissolution		
James Thomas Genr	nette			Committee to Elect Jan	nes Gennette			
The same control of the sa	Candidate Full Na	S0 250		56 1/2	Committee Name			
239 State Street Lud	Residentia		-	Shave New	ame of Committee Treasurer			
Selectman	Residentia	Address		239 State Street Ludlow MA 01056				
	Office Sought	and District		Committee Mailing Address				
E-mail:	jaytgen	@gmail.com		E-mail: shanearthurnewell@gmail.com				
Phone # (optional):		4134741905		Phone # (optional):	518744188			
		SUMMARY BAL	AN	CE INFORMATION	:			
	Line 1:	Ending Balance from previous re	port		350.00			
	Line 2:	Total receipts this period			0			
	Line 3:	Subtotal			350.00			
	Line 4:	Total expenditures this period			0			
	Line 5:	Ending Balance		2	350.00			
	Line 6:	Total in-kind contributions this po	erio	d	C			
Line 7: Total (all) outstanding liabilities					C			
	Line 8:	Name of bank(s) used: Westfield	d Ba	nnk	C			
The original filing of	the above-refer	renced campaign finance report is	s bei	ing amended for the follo	wing reason(s):			
					TOWN OF LUDLOW	RECEIVED		
Signed under the penaltie	es of perjury:			Signed under the penalties	s of perjury:			
1 7	1/19	4		Show of	8P	2/11/24		
(Candidate's signature)	- mill	Date: 3/12/24	1	(Treasurer's signature)	, ever	Data		

SCHEDULE A: KECEIF 13

L.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 ear. 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 cords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions ceived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

**ttach 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)
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			20211 1111 0 2 1
			2024 JAN 23 A ID:
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			, DIET OF LUDLUM
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			MAR WWN
			WN CLERK'S OFFIC
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			3: 26 W

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			·
			TOW'Y LI ECK'S OFFICE
			2024 JAN 23 A 10: 12
			TOWN OF LUDLOW
			10 W
			TOWN CLERK'S OFFICE
			OF LU
			DLOV B:
			26
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)	0	should include only those receipts not itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD	0	← 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 E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			TOWN	SOFFIC
			2024 JAN	23 A U:
			CAN	FSUDLOW
				TO WWA O
				TIS
				OFFICE 3 26

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
				RE	CEIVED
				2024 JAN	23 A 10: 12
				TOWN	IF LUDLON
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			N	28 0	
				JOWN CL	R
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*					
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.		Line 13: Expenditures over \$50 (or listed above)		0	
		Line 14: Expenditures \$50 and	0		
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	0		

SCHEDULE C: "IN-NIND" CONTRIDUTIONS

1.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 ddition, 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 nd 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 scords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions secived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value	6
			TOWN OF STATE	OFFICE	
			2070 JAN 23	10:12	-
			10WN OF LU	DLOW	
				DOZU NAR	OWWC
				P -9	CERK
				P 3: 2:	SUFFICE
				2	-
* 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 \$50 (or listed above)		0	
		Line 17: In-Kind Contributions \$50 and under (not listed above)		0	
		Line 18: TOTAL IN-KIND CO	0		

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	Amount
			RECEIVE 10Wh LEAF'S OF	ICE
			2024 JAN 23 A	12
			I DWN OF LODE	
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				OF LU
	·			DLOW
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0

Page 7

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 loan, 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.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Date Faid	(uipinibetten nong require)		TOWN CUSINA 3 OFFICE
			2024 JAN 23 A 10: 12
		(4)	FOWN OF LUDLOW
			1 2 7
			WAR IN P 3
			P 3 2
			27
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		0	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		0	should include only those expenditures not itemized above.
	-OF-POCKET EXPENDITURES IN THE PERIOD	0	← Enter on page 1, line 8 Page 8

*Schedule E is not for ballot question committee use.