

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 1/1	File with: City or Town Clerk or Election Commission 1/2023 Ending Date: 12/31/2023			
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	□ 30 day after election			
Jeffrey H Stratton	Jeff Stratton for Ludlow School Committee			
Candidate Full Name (if applicable) School Committee Member	Ross Sylvestre			
Office Sought and District	Name of Committee Treasurer			
631 East St, Ludlow MA 01056 Residential Address	631 East St, Ludlow MA 01056 Committee Mailing Address			
E-mail: jeffreystratton@gmail.com	E-mail: jeffreystratton@gmail.com			
Phone #: 860-786-8855	Phone # : 860-786-8855			
SUMMARY BALAN	CE INFORMATION:			
Line 1: Ending Balance from previous report	20.00			
Line 2: Total receipts this period (page 3, line 12)	0.00			
Line 3: Subtotal (line 1 plus line 2)	20.00			
Line 4: Total expenditures this period (page 5, line 1	5) 0.00			
Line 5: Ending Balance (line 3 minus line 4)	20.00			
Line 6: Total in-kind contributions this period (page	6, line 18) 0.00			
Line 7: Total (all) outstanding liabilities (page 7, line	584.43			
Line 8: Total out-of-pocket expenses this period (page	e 8, line 22) 0.00			
Line 9: Name of bank(s) used: Luso Federal	Credit Union			
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 beliaff of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date: 1/21/2024				
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 activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period that are not otherwise disclosed in this report.			
Signed under the penalties of perjury:	Date: 1/21/2024			

SCHEDULE A: RECEIPTS

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 ar. 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 I 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 ords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. ach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

	ges as needed to report all receipts. Please include the candidate or committee r Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			32 3.70
			OEIN Norta
			(J) 5.2
Line 10: Total Reco	eipts over \$50 (or listed above)	0.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Receipts \$50 and under (not listed above)		0.00	should include only those receipts not itemized above.
Line 12: TOTAL	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 report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			702H	
			L	
			# 22	
			(N)	
			\$ = B	
			10 H	
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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			7074 JAN	
_			JAH 22	
			<u> </u>	
and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		0.00
				0.00
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD			0.00	

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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 dition, 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 d 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 seived. 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
			7. IV.00	
			22	
			₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩	
				<u>L, ,</u>
* 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.		Line 16: In-Kind Contributions over \$50 (or listed above)		0.00
		Line 17: In-Kind Contributions	550 and under (not listed above)	0.00
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND COM	NTRIBUTIONS IN THE PERIOD	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	Amount
2/28/2022	Brandi Stratton	631 East St Ludlow MA 01056	Campaign Loan for Yard Signs	458.56
3/13/2022	Brandi Stratton	631 East St Ludlow MA 01056	Campaign Loan for Banners	100.43
3/13/2022	Jeffrey Stratton	631 East St Ludlow MA 01056	Campaign Loan for Refreshments	25.44
			10721 JAN	
			22 A	
			35	
	Enter on page 1, line 7	→ Line 19: TOTAL OUTSTA	ANDING LIABILITIES (ALL)	584.43

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
			70 JAH
			2
			ů,
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		* 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)		0.00	should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	0.00	← Enter on page 1, line 8