

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts		File with: City of Town Clerk or Election Commissi
Fill in Reporting Period dates:	Beginning Date:	Ending Date: OWN CLERK'S OFFICE
		2025 JAN 22 A 8: 53
Type of Report: (Check one)		ATOMA OF THE
8th day preceding preliminary	8th day preceding election	□ 30 day after election year end report □ dissolution
Candidate Full Name (in School Office Sought and Advanced Service Sought and Residential Advanced School Office Sought Advanced School Office School	District  US STREET	Committee Name  School Committee Name  Name of Committee Treasure  Committee Mailing Address  E-mail: Shots + a yahron Com  Phone #: 413 433 2679
	SUMMARY RALANO	CE INFORMATION:
	SUMMART BALAN	CE IN ORMATION.
Line 1: Ending Balance	e from previous report	90,28
Line 2: Total receipts t	his period (page 3, line 12)	7
Line 3: Subtotal (line 1	plus line 2)	90.28
Line 4: Total expenditu	ures this period (page 5, line 15	5)
Line 5: Ending Balance	e (line 3 minus line 4)	90,28
Line 6: Total in-kind co	ontributions this period (page 6	5, line 18)
Line 7: Total (all) outst	tanding liabilities (page 7, line	19)
Line 8: Total out-of-poo	cket expenses this period (page	e 8, line 22)
Line 9: Name of bank(s	s) used: TD	Bank North
Affidavit of Committee Treasurer:		
activity, including all contributions, loans, receipt	s, expenditures, disbursements, in-kind	est of my knowledge and belief, a true and complete statement of all campaign finance d 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:	gurenie Jako	(Treasurer's signature) Date: 1-21-211
FOR CANDIDATE FILINGS ONLY	: Affidavit of Candidate: (check 1 b	box only)
activity, of all persons acting under the autho	ority or on behalf of this committee in a	the best of my knowledge and belief, a true and complete statement of all campaign finan 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.
finance activity, including contributions, loar	ns, receipts, expenditures, disbursemen	the best of my knowledge and belief, a true and complete statement of all campaign nts, in-kind contributions and liabilities for this reporting period and represents the this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	light (	(Candidate's signature) Date: 1-21-2025

### 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 D 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.

D-4- D 1	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	
		2025 JAN	2 A 8: 53
		TOWN	FLUDLOW
			/ Land Add to 12 13

### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		1	ECEIVEL MOSERS II.
		202	JAN 22 A 8: 53
			OWN CITED TO THE PROPERTY OF T
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	ripts \$50 and under (not listed above)		should include only those receipts not itemized above.
Line 12: TOTAL F	RECEIPTS IN THE PERIOD		← 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.

To Whom Paid Date Paid (alphabetical listing)  Address WN CLER'S Purpose of Expenditure Amount				
Date Paid	(alphabetical listing)	Address WN CLER	Purpose of Expenditure	Amount
		<b>20</b> 25 JAN 22	A 8: 53	
		TOWNOF		
		1		
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### **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			RECEIVED TOWN CLERK'S GEREE	
			2025 JAN 22 A 8: 53	
			TOWN OF LUDLOW	
* 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)	
should include only those expenditures not itemized above.		Line 14: Expenditures \$50 and	under (not listed above)	
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PER				

### 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

Date Received	From Whom Received*	FG - 6 17	Description of Contribution	Value
		<b>2</b> 025 JAN 22 A 8	53	
		TOWN OF LUCEO.		
* 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 ove	r \$50 (or listed above)	
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD		

## **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
		TOWN O	Envisor Fill	
			 <del>22 A 8 53                                 </del>	
		1	řiceli m	
The state of the s				
	Enter on new 1 New 7	Line 19: TOTAL OUTSTAND	INC HARILITIES (ALL)	

#### 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.

7025 JAN 22 Amount Name and Address of Vendor **Date Paid** (alphabetical listing required) **Purpose of Expenditure** OWN OF LE 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 Enter on page 1, line 8