

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	0,24,41	17.44	RECEIL MECOO	Fown Clerk or Election C	ommission
Fill in Reporting Period dates:	Beginning Date: 4	128/22	Ending Dates OFFIDE	13-1/205	22
Type of Report: (Check one)		7.0	1073 JAN 18 A 4: 15	3	
	day preceding election	☐ 30 day a	after election of LUDLOWend	report dissolu	tion
Candidate Full Name (if application of the Condidate Full Name (if application of the Conditate Full Name (if a	ible) nomidee 1s A 3-2679	E-mail:Phone # (or	Name of Committee Namilities Name of Committee Mailing And Sharm S	Treasurer Address	a An
SU	MMARY BALANC	CE INFOR	RMATION:		
Line 1: Ending Balance from	om previous report	[	90.28	5	
Line 2: Total receipts this	period (page 3, line 11)	) [	-0	h	
Line 3: Subtotal (line 1 plu	is line 2)		90,2	8	
Line 4: Total expenditures	this period (page 5, lir	ne 14)	4	<del></del>	
Line 5: Ending Balance (li	ne 3 minus line 4)	[	90.2	28	
Line 6: Total in-kind contr	ributions this period (pa	age 6)		0	
Line 7: Total (all) outstand	ling liabilities (page 7)			0	
Line 8: Name of bank(s) u	sed: TD B	ank N	ofh		
Affidavit of Committee Treasurer: I certify that I have examined this report including attache activity, including all contributions, loans, receipts, expensionance activity of all persons acting under the authority of Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affid	ditures, disbursements, in-kind or on behalf of this committee of the comm	contributions an accordance wi	nd liabilities for this reporting period	atement of all campaign fi and represents the campai Date:	nance gn
Candidate with Committee  I certify that I have examined this report including at activity, of all persons acting under the authority or concurred any liabilities nor made any expenditures or	on behalf of this committee in a	ccordance with	the requirements of M.G.L. c. 55. I h	ave not received any cont	ign finance ributions,
Candidate without Committee  I certify that I have examined this report including at finance activity, including contributions, loans, recei campaign finance activity of all persons acting under	pts, expenditures, disbursement	ts, in-kind contr	ibutions and liabilities for this reporting	ng period and represents the	ign he
Signed under the penalties of perjury:	< O. ( )	Je.	(Candidate's signature)	Date: / - 1 2	1-23

#### **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.)

Data Bassinad	Name and Residential Address	W CLERK'S OF	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(10r contributions of \$200 or more)
	ro	N OF LUDIO	Occupation & Employer  FICE (for contributions of \$200 or more)
			<b>#</b>
<u></u>			
	,		
<u> </u>			
		<u> </u>	
Line 9: Total Recei	pts over \$50 (or listed above)		
Linc 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← 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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		TOWNC	EIVED  RK'S OFFICE  B A 9 13
		2023 JAN	IR A OF LE
		TOWNO	LUDLOW
			A word from the state of text from
<u></u> j[			
<u> </u>			
Line 9: Total Receip	ts over \$50 (or listed above)		
Line 10: Total Receip	ots \$50 and under* (not listed above)		
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD		← 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 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

Data Bala	To Whom Paid	RECEIVED WN CLERK <b>/910FFIC</b> E	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing) 10	MU CERWAPHENCE	r at pose of Expenditure	**************************************
	202	JAN 18 A 9:13		
		·		
		DWN OF LUDLOW		
	<u> </u>			
				<u> </u>
				<u> </u>
				<u> </u>
J [				
			]]	
][				
<u>[</u>	<del></del>			
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
				<u> </u>
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	<u></u>
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		

<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
		TOWN	Purpose of Expenditure  CEIVED  ERK'S OFFICE  18 A 9 13  F LUDLOW	
		7023 JA	IT A A A	<u></u>
		TOWN	FLUDIOW	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and a	under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<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					
Date Received	From Whom Received*	ZUZ3 JAN 18 A 9: 13	Description of Contribution	v ajue	
		TOWN OF LUDLOW		:	
				(*************************************	
				:	
				<u> </u>	
<u> </u>		Line 15: In-Kind Contributions	over \$50 (or listed above)		
		Line 16: In-Kind Contributions	\$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

<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 RECE TOWN CLER	IVFD Address	Purpose	Amount
	TOWN CLER	'S OFFICE		
	7023 JAN 18	A 9 13		1
	TOWN OF	UDLOW		
				:
<u> </u>				
			1	
				<u></u>