

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates:  Beginning Date: VEII  TOWN CLERK'S OFFICE  Beginning Date: VEII  Beginning Date:	1/2024 Ending Date: 12/31/2024				
Type of Report: (Check one) 2025 JAN -6 P 4: 2					
■ 8th day preceding preliminary ■ 8th day preceding election	30 day after election  year-end report dissolution				
Kim M. Batista  Candidate Full Name (if applicable)  Town Clerk  Office Sought and District  12 Valley View Dr. Ludlow, MA 01056  Residential Address  E-mail: Kim, batista 729@ yahoo. com  Phone #: 413-589-7631	Committee to Elec Kim M Batista  Committee Name  Committee Name  Pamela Fleming  Name of Committee Treasurer  86 Kelly Rd. Chicapee MA 01022  Committee Mailing Address  E-mail:  Phone #:				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	40.51				
Line 2: Total receipts this period (page 3, line 12)	0.00				
Line 3: Subtotal (line 1 plus line 2)	40.51				
Line 4: Total expenditures this period (page 5, line 15)	140.51				
Line 5: Ending Balance (line 3 minus line 4)	0.00				
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, line 22)				
Line 9: Name of bank(s) used:	Bank				
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.  Signed under the penalties of perjury:    Date: 1/5/2025					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf of this committee in activity.	be best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, a 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 the	s, in-kind contributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/5 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.

Date Received	Name and Residential Address (alphabetical listing required) \( \triangle \) Amount		Occupation & Employer (for contributions of \$200 or more)
	TOWN CLERK'S C 2025 JAN -6 P	FFICE	
	TOWN OF LUDL		

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

Date Received Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
	RE		
		LERK'S OFFIC	
	2025 JA	-b Р ц: 2	8
	TOWN	OF LUDLOW	
v			
	ipts 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 Recei	ipts \$50 and under (not listed above)	0.00	should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS 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 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	RECEIVED	T	
Date Paid	(alphabetical listing)	RECEIVED TOWARDERSKY'S OFFICE	Purpose of Expenditure	Amount
		2025 JAN -6 ₽ 4:		
		LULD JAN - O F 4		
		TOWN OF LUDLOW		

## **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		RECEIVE		
		RECEIVE TOWN CLERK'S OF	(CE	
		2025 JAN - 6 P L	28	
		TOWN OF LUDICO	A	
				20
	itemized expenditures of \$50 lude them in line 13. Line 14	Line 13: Expenditures over \$50 (or listed above)		40.51
should include	e only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		
	Enter on page 1, line $4 \rightarrow$	e 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD 40.5		

#### 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 include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		TOWN CLERK'S OF A		
		2025 JAN -6 ₽ 4:	28	
		TOWN OF LUDLOW		
* If you have . \$50 and under.	itemized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions over	r \$50 (or listed above)	6,06
	de only those expenditures not itemized above.	expenditures not Line 17: In-Kind Contributions \$50 and under (not listed above)		
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONTR	RIBUTIONS IN THE PERIOD	6,00

### **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
		RECE TOWN CLER	VED IS OFFICE	
		2025 JAN - 6	11 1	
		TOWN OF		
				¥
	D	Line 19: TOTAL OUTSTAND	INC LIABILITIES (ALL)	8,00

#### 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 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.

RECEIVED TOWN CLERK'S DEFICE Name and Address of Vendor Amount JAN - 6 P 4:P@pose of Expenditure **Date Paid** (alphabetical listing required) Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 \* If you have out-of-pocket expenses of \$50 0,00 (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

0,00

Enter on page 1, line 8