

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| of Massachusetts | RECEIVED |
|---|---|
| Fill in Reporting Period dates: Beginning Date:311 | 18/24 Ending Date: 4 14 24 |
| Type of Report: (Check one) | |
| ■ 8th day preceding preliminary ■ 8th day preceding election | 10WN OF LUDLOW 30 day after election year-end report dissolution |
| Jarah F. Bowlee | South boulee Re Schol Committee |
| Candidate Full Name (if applicable) Computee Office Sought and District | Name of Committee Treasurer |
| 225 Jein Diver Ludio M 01050 Residential Address | 225 Tera Dive, high ma 01050 Committee Mailing Address |
| E-mail: S. bulle Chidwas ag | E-mail: S-boules Cludbops, org + larestyk 2003 & yeloo |
| Phone #: 413-221-1161 | Phone #: 413-221-1161 |
| | |
| SUMMARY BALANCI | E INFORMATION: |
| Line 1: Ending Balance from previous report | \$1065.00 |
| Line 2: Total receipts this period (page 3, line 12) | |
| Line 3: Subtotal (line 1 plus line 2) | \$ 1065.00 |
| Line 4: Total expenditures this period (page 5, line 15) | \$ 980.70 |
| Line 5: Ending Balance (line 3 minus line 4) | \$84,30 |
| Line 6: Total in-kind contributions this period (page 6, 1 | ine 18) \$ 328.41 |
| Line 7: Total (all) outstanding liabilities (page 7, line 19 | |
| Line 8: Total out-of-pocket expenses this period (page 8, | , line 22) \$\\\ \\$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ |
| Line 9: Name of bank(s) used: | + Beikstine Bank |
| Affidavit of Committee Treasurer: It certify that I have examined this report including attached schedules and it is, to the best cactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority of on behalf of this committee in a | ontributions 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: | (Treasurer's signature) Date: 4 34 34 |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box | conly) |
| Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting | best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 this | in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55. |
| Signed under the penaltics of perjury: | Date: 4 24 24 |

SCHEDULE A: RECEIPTS

4.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 o 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

ttach additional pages as needed to report ad receives Rease 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) |
|---------------|--|--------|--|
| | 10WN OF LUDLOW | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | 194 |

SCHEDULE A: RECEIPTS (continued)

| Data Dansing | Name and Residential Address | A | Occupation & Employer (for contributions of \$200 or more) |
|---------------------|---|--------|--|
| Date Received | (alphabetical listing required) | Amount | (for contributions of \$200 or more) |
| | | | RECEIVED TOWN CLERK'S OFFICE |
| | | | 2024 MAY -1 P 12: 51 |
| | | | TOWN OF LUDLOW |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Line 10: Total Rece | cipts over \$50 (or listed above) | Ø | * If you have itemized receipts of \$50 and |
| Line 11: Total Rece | eipts \$50 and under (not listed above) | Ø | under, include them in line 10. Line 11 should include only those receipts not itemized above. |
| Line 12: TOTAL 1 | RECEIPTS IN THE PERIOD | Ø | ← 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 |
|-----------|--|-----------------------------|---|-----------|
| . 4111124 | Sarahbauter | 205 Irle Drive Ludios MA | (Signs) (Slagion) | \$581.80 |
| 411124 | Staples | Boston Rdi GORD MA | Post cord mailers (x1000) *1001 removement (3/18/24) | \$180.60 |
| 3/20/24 | USPS | 83 Winer St. Ludlow MA | Stamps | \$ 917.30 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | VED (130 OFFIC | | | |
| | HECE WAY OF BRY WAY - I | | | |
| | 30 | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE B: EXPENDITURES (continued)

| The paid (alphabetical listing) Address Purpose of Expenditure RE FIVED RESS OFFICE 2024 HA - 1 P 12 51 RESS OFFICE 2025 HA - 1 P 12 51 RESS OFFICE 2024 HA - 1 P 12 51 | · . [| To Whom Paid | om Paid | | |
|--|--|---------------------------|---|------------------------|-----------|
| *If you have itemized expenditures of \$50 and under, include only those expenditures not this hould include only those expenditures not translations in the separation of the | Date Paid | | Address | Purpose of Expenditure | Amount |
| *If you have itemized expenditures of \$50 and under, include only those expenditures not should include only those expenditures so the should include only those expenditures not trial 4.5 Expenditures \$50 and under (not blisted above) | | | | | |
| *If you have itemized expenditures of \$50 and under, include only those expenditures not this hould include only those expenditures not translations in the separation of the | | | RE RE | PEIVED | |
| *If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not trained above) *If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not line 14. Expenditures \$50 and under (not listed above) **If you have itemized expenditures not line 14. Line 14 should include only those expenditures not line 14. Expenditures \$50 and under (not listed above) | | | Į Į Į Į Į Į Į Į Į Į Į Į Į Į Į Į Į Į Į | LENK'S OFFICE | |
| *If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not line 14. Expenditures \$50 and under (not listed above) | | | 2024 MA | W-1 P 12: 51 | |
| *If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 Sexpenditures SO and under (rot listed above) *If you have itemized expenditures not should include only those expenditures not line 13. Line 14 Sexpenditures \$50 and under (rot listed above) | | | | / | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | Wit : !!!!! CW | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | V | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | <u> </u> | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | Manager of the state of the sta | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | 1 | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above) | | | | | |
| should include only those expenditures not I inc. 14: Expenditures \$50 and under (not listed above) | | | Line 13: Expenditures over \$50 | (or listed above) | \$980.70 |
| itemized above. | about discharge and the second discussion of | | Line 14: Expenditures \$50 and under (not listed above) | | _ |
| Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD [\$ 9 80.7] | | Enter on page 1, line 4 → | Line 15: TOTAL EXPENDIT | URES IN THE PERIOD | \$ 980.70 |

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. 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* | Residential Address | Description of Contribution | Value |
|---------------|--|--------------------------------------|------------------------------|--|
| 3115124 | Laure Tuck | 117 Clapin St. Ladlav Ma | banner | \$91.13 |
| 21ml24 | Kelly De Goobi | 385 Westerly Cu. Ludius ma olosis | Custom Signs | \$ 52.28 |
| 1/12/24 | Jeff Laing | 178 Parker lone Ludhis ma 01056 | political Signs+ burner | \$185.00 |
| | | | | |
| | | | | |
| | | | | |
| | ų v | | · | |
| | X S OF POE | | | |
| | CWN CLEAN | | | and the second s |
| | According to the second | | | |
| | | | | |
| | | | | |
| | itemized in-kind contributions of include them in line 16. Line 17 | Line 16: In-Kind Contributions ove | er \$50 (or listed above) | \$328.41 |
| | de only those expenditures not itemized above. | Line 17: In-Kind Contributions \$50 | and under (not listed above) | |
| | Enter on page 1, line 6 → | Line 18: TOTAL IN-KIND CONT | RIBUTIONS IN THE PERIOD | \$328.41 |

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 REO | Purpose | Amount |
|---------------|-------------|-------------------------|-----------------|--------|
| | , | 10 m | RK'S OFFICE - ' | . , |
| | | 2024 HAY | 1 P 12:51 | |
| | | (JOWN) | FEUGLOW | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | · | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | , | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Line 19: TOTAL OUTSTAND | | |

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 |
|---|--|--|--|
| 3/18/24 | Staples - Boston Rd, Spfid via Sarah Basier 305 Fold Drive, Ludw | \$180.60 | Postand maillers (x1000) |
| | | | |
| | | | |
| | | | |
| | 17.0E 12: 5.1 0.W | | |
| CEW | | Parket and the second s | |
| RE | 707 H H 707 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Line 20: Total Itemize (or listed above) | d Out-Of-Pocket Expenditures Over \$50 | \$180-60 | * If you have out-of-pocket expenses of \$50 |
| | ized Out-Of-Pocket Expenditures \$50 and | | and under, include them in line 20. Line 21 should include only those expenditures not itemized above. |
| Line 22: TOTAL OUT-C | OF-POCKET EXPENDITURES IN THE PERIOD | \$180.60 | Enter on page 1, line 8 |

*Cabadala Tila mat for bottot according agen-



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

RECEIVED TOWN GLERIC'S OFFICE

2024 MAY -1 P 12: 52

LOWN OF LUDLOW

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

| Date of Reimbursement: 4 14 2024 | | | | |
|---|----------------------------------|------------------------------------|---|----------|
| Name of Individu | al Being Reimbursed: Soco | h Bowler | | |
| Committee Name | San | n Bowler for School | of Committee | |
| CPF ID Number | (if applicable): | Telephone N | Tumber (optional): 4 3-221- | -1161 |
| | ITEMI | ZE EXPENDITURES IN EXCESS | OF \$50 | |
| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
| 4/14/24 | Sorah Bowler | 205 Friadr. Ludin ma 01056 | lan rembusement Signs purchased 2 129/24 | \$582.80 |
| 4/14/24 | Sorah Bowler | 205 Irla-True Ludin MA 01056 | Loan reinburement purchased 3112124 | 4180.00 |
| | | | | |
| | | | | |
| | | | | |
| | (Include items listed on Page 2) | Line 1: Expenditures in excess of | \$50 (itemized above): | 763,40 |
| | | Line 2: Expenditures \$50 or under | (not itemized): | |
| Line 3: TOTAL AMOUNT REIMBURSED: 763.40 | | | | |
| Signed under the penalties of perjury: Date: | | | | |

Please prepare a separate report for each reimbursement check issued by the committee.

ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|---|-------------|----------------|------------------------|----------|
| | | | RECEIVED | |
| | | | 7024 MAY -1 P 12: 5 | |
| | | | TOWN OF LUDLOW | <u> </u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Page 2 Total (add to Line 1 on Page 1): | | | | |