

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1	1/2024 Ending Date: 12/31/2024			
Type of Report: (Check one)	RECEIVED TOWN CLEAK'S GROUN			
8th day preceding preliminary 8th day preceding election	☐ 30 day after election			
Joshua Carpenter	Carpenter for Ludlow TOWN OF LUDLOW			
Candidate Full Name (if applicable) Planning Board	Committee Name Ben Gagne			
Office Sought and District 37 Paul Ave, Ludlow	Name of Committee Treasurer 37 Paul Ave, Ludlow			
Residential Address	Committee Mailing Address			
E-mail: Josh@meadowfarms.com	E-mail: bgagne88@yahoo.com			
Phone #: 413-626-0678	Phone # : 413-330-3601			
SUMMARY BALAN	ICE INFORMATION:			
Line 1: Ending Balance from previous report	277.31			
Line 2: Total receipts this period (page 3, line 12)	0			
Line 3: Subtotal (line 1 plus line 2)	277.31			
Line 4: Total expenditures this period (page 5, line 1	5)			
Line 5: Ending Balance (line 3 minus line 4)	277.37			
Line 6: Total in-kind contributions this period (page	6, line 18) 0			
Line 7: Total (all) outstanding liabilities (page 7, line	(2) (19)			
Line 8: Total out-of-pocket expenses this period (page 8, line 22)				
Line 9: Name of bank(s) used: Luso Federal	Credit Union			
Affidavit of Committee Treasurer: 1 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: (Treasurer's signature) Date: 1/17/2025				
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 the best of my knowledge and belief, a true and complete statement of all 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.				
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/17/2025			

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

Ittach 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)	Amount	Occupation & Employer (for contributions of \$200 or more)
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			2025 JAN 24 A 9:41
			TOWN OF LODLOW
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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)	
			RECEIVED TOWN CLERK'S OFFICE	
			2025 JAN 24 A 9: 41	
			TOWN OF LUDLOW	
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 Receipts \$50 and under (not listed above)		0	should include only those receipts not itemized above.	
Line 12: TOTAL 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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Dunnes of Europalitans	A 4
Date Faid	(alphabetical fisting)	Address	Purpose of Expenditure	Amount
			TOWN CLEA	1
			2025 JAN 2 U	A 9:41
			TOWN OF L	
				OUL!/IN
		4		

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			RECENTOWN CLERKS	
			10WN 01 EDA 4	
			2025 JAN 24	9:41
			TOWN OF LAN] "41
* If you have	e itemized expenditures of \$50	Line 13: Expenditures over \$50 (or listed above)		0
and under, in should inclu	nclude them in line 13. Line 14 de only those expenditures not			
mouta mota	itemized above.	Line 14: Expenditures \$50 and under (not listed above)		0
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD 0			0	
	Enter on page 1, line $4 \rightarrow$	Lac is. IOTAL EATERDII	Oldon, Hill I Didob	

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 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please neclude the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			RECEIVED TOWN CLEEK'S CITE	
			<u> 2025 JAN 24 А 9: 14</u>	
			TOWN OF LUDLOW	
				}
	itemized in-kind contributions of	Line 16: In-Kind Contributions ov	er \$50 (or listed above)	0
	; include them in line 16. Line 17 ude only those expenditures not itemized above.	Line 17: In-Kind Contributions \$5	0 and under (not listed above)	0
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	0

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
product.			RECEIVE	
			TOWN CEERN'S O	
			2025 JAN 24 A	1
			TOWN OF LUUL	÷,
				-
		Line 19: TOTAL OUTSTANDIN		

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.

N			RECEIVED		
Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	TOWN CLERN'S DEFINE Purpose of Expenditure 1025 JAN 24 A 9: 4		
			TOWN OF LUBLUW		
Line 20: Total Itemized	d Out-Of-Pocket Expenditures Over \$50	0	* If you have out-of-pocket expenses of \$50		
(or listed above) Line 21: Total Unitemi under (not listed above	ized Out-Of-Pocket Expenditures \$50 and	0	and under, include them in line 20. Line 21 should include only those expenditures not itemized above.		
Line 22: TOTAL OUT-O	F-POCKET EXPENDITURES IN THE PERIOD	0	← Enter on page 1, line 8		