

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: Fity or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date:	1 2024 Ending Date: 31 Sec. 2024			
Type of Report: (Check one)	TOWN 20 A 10. 50			
■ 8th day preceding preliminary ■ 8th day preceding election	■ 30 day after election  year-end report dissolution			
SEREKG. SEBALGE Candidate Full Name (if applicable)	Corwittee to Elect Seich Se Barge			
board of SelectMEN	Glenda K. SeSALGE			
37 BARRE Sought and District Low 01056  Residential Address	37 Barre Sure Live Lew 01056 Committee Mailing Address			
E-mail: debarge 23 Debarter. Net	E-mail: de bourge 33 EV Chart or Net			
Phone #: 43 - 427 -0864	Phone #: 4(3-427-0864			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	430.02			
Line 2: Total receipts this period (page 3, line 12)	Ø			
Line 3: Subtotal (line 1 plus line 2)	430.02			
Line 4: Total expenditures this period (page 5, line 15)	<b>Ø</b>			
Line 5: Ending Balance (line 3 minus line 4)	430.02			
Line 6: Total in-kind contributions this period (page 6,	line 18)			
Line 7: Total (all) outstanding liabilities (page 7, line 1	9) Ø			
Line 8: Total out-of-pocket expenses this period (page 8	3, line 22)			
Line 9: Name of bank(s) used:	Ed BANKE			
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:  (Treasurer's signature)  Date:				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x 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.				
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	s, in-kind contributions and liabilities for this reporting period and represents the s candidate in accordance with the requirements of M.G.L. c. 55.			
Signed under the penalties of perjury:	(Candidate's signature) Date: Blue Date			
	M102 (12/2023)			

#### **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)	Amount	Occupation & Employer  C (for contributions of \$200 or more)
		f I	JAN 28 A ID: 50
			DWN OF LUGLOW

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		F 10%	ECETVED VOLEAN'S CHILL
		2025	JAN 28 A IO: 50
Line 10: Total Reco	eipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and
Line 11: Total Reco	eipts \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD	9	← 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
			2025 JAN 28 A 10: 51	
			TOWN OF LEGET W	
	,,,,,,			
				-

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		RECEIVEL/ DWN OLERK'S UT		
		125 JAN 28 A 10: 51		
		TOWN OF LUDILLA		
and under, include them in line 13. Line 14		Line 13: Expenditures over \$50	(or listed above)	
		Line 14: Expenditures \$50 and under (not listed above)		
	Enter on page 1, line 4 →	line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD		

### 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 1025 JAN 28 A IC: 51 TOWN OF LUDLUR \* If you have itemized in-kind contributions of Line 16: In-Kind Contributions over \$50 (or listed above) \$50 and under, include them in line 16. Line 17 should include only those expenditures not Line 17: In-Kind Contributions \$50 and under (not listed above) itemized above. Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD Enter on page 1, line  $6 \rightarrow$ 

### **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 TOWN CLLARS	Purpose	Amount
		1025 JAN 28 A	51	
		TOWN OF LUEL		
	Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (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.

RECEIVED

	Name and Address of Vendor		
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
	<b> </b>		
		OWN OF LUCK	र्थ ।
		[]	i
		[	
	<u> </u>		
[			
Line 20: Total Itemize	ed 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 Uniternized Out-Of-Pocket Expenditures \$50 and			should include only those expenditures not
under (not listed abov	e)		itemized above.
Line 22: TOTAL OUT-0	OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8