

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED

of Massachu	usetts OFFICE	File with: City or Town Clerk or Election Commission			
Fill in R	Leporting Performates P 3 Boginning Date: April	12, 2021 Ending Date: December 31, 2021			
lame to	Report: (Check one) LUDLOW				
□ 8th da	ay preceding preliminary 8th day preceding election	30 day after election year-end report dissolution			
James Th	nomas Gennette	Committee to Elect James Gennette			
	Candidate Full Name (if applicable)	Committee Name			
Selectma	Office Sought and District	Shane Newell Name of Committee Treasurer			
329 West	t Street, Ludlow, MA 01056	329 West Street, Ludlow, MA 01056			
	Residential Address	Committee Mailing Address			
E-mail:	jaytgen1@ amail.com	E-mail: Shane arthur newell @ gmail.com			
Phone # (op		Phone # (optional): 518744 1886			
	SUMMARY BALANC	E INFORMATION.			
	SUMMARI BALANC	E INFORMATION:			
	Line 1: Ending Balance from previous report	0			
	Line 2: Total receipts this period (page 3, line 11)	Amerded. 3/11/24 - \$350. a Titer. SANS 0 \$350. a			
	Line 3: Subtotal (line 1 plus line 2)	Titlet . SANS			
	Line 4: Total expenditures this period (page 5, line				
	Line 5: Ending Balance (line 3 minus line 4)	#350.4			
	Line 6: Total in-kind contributions this period (page				
	Line 7: Total (all) outstanding liabilities (page 7)	DEO S S TIME			
	Line 8: Name of bank(s) used: Westover Bank	₹ 6 CF			
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: Creasurer's signature Date: 1/18/2022					
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.					
Candidate without 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, including 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 candidate in accordance with the requirements of M.G.L. c. 55.					
Date: 1/18/2022					



Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth								
of Massachusetts File with: City or Town Clerk	k or Election C	ommission						
Report Being Amende	d: Year:	2023	Reporting Period:	Beg	ginning Date: <u>04/01/2021</u>	Ending Date:	12/31/2021	
8th day preceding p	reliminary	☐ 8th d	ay preceding election		30 day after election		dissolution	
James Thomas Gennett	te ndidate Full Na	ma (if annliss	de		Committee to Elect Jam			
239 State Street Ludlov			ole)		SHANE NE	Committee Name		
	Residentia			-		ne of Committee Treasurer		
Selectman				_	239 State Street Ludlow	MA 01056		
	Office Sough	t and District				mmittee Mailing Address		
E-mail:	jaytgen	1@gmail.co	m		E-mail: Shuneart	hur newell 6	gengil con	
Phone # (optional):		41347419	905	_	Phone # (optional):		,	
			SUMMARY BAL	AN	CE INFORMATION:			
	Line 1:	Ending Bal	ance from previous re	port		\$		
	Line 2:	Total receip	ots this period		350.00			
Line 3: Subtotal Line 4: Total expenditures this period			350.00					
Line 5: Ending Balance Line 6: Total in-kind contributions this peri Line 7: Total (all) outstanding liabilities				350.00				
			erioc	od <u>&</u> <u>&</u>				
	Line 8:	Name of ba	nk(s) used: Westfield	l Ba	nk			
The original filing of the	above-refe	renced cam	paign finance report is	bei	ng amended for the follow	ring reason(s):		
Contribution received in	n the amoun	t of \$350.00), new account deposit	, 06	/08/2021.			
							1	
						2024 MAR 19 P 3: 25	RECEIVED	
Signed under the penalties of					61 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			

Janes Jutto

(Treasurer's si

Date: 3/11/24

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Date: 3/1/2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/1/21	Joanne + Thomas Cenne He 15 Bush Hyll Rol. Ipswych, Ma. 01938	300.0	Refored / My parents
4/8/21	Shane Newell 114 Code YShade DR. Chicappe, Ma aloxo	50.00	Baystate Health Director of Real Kisterte
			10 MO1 H
			WAR AND THE CO.
			DE VE D ERK'S OFFICE 19 P 3: 2 OF LUDLOW
			Of The
Line 10: Total Recei	pts over \$50 (or listed above)	300.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Recei	pts \$50 and under (not listed above)	56."	should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD	356.cc	← 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			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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			7024	-
			TOWN C	
			위 교 및	
			TO O	
			3: 25 DW	
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		
should include only those expenditures not itemized above.		Line 14: Expenditures \$50 and under (not listed above)		
	Enter on page 1, 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.

ite Received	From Whom Received*	Residential Address	Description of Contribution	Value
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* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
		Line 18: TOTAL IN-KIND CON	TEDIDITIONS IN THE BEDIOD	

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
			JON NO.	
			10WH CLERK'S OFFIC 2021 MAR 19 P 3: 0WN OF LUDLOW	
			S OFFICE OF STATES	VE D
			25	
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	ING LIABILITIES (ALL)	\(\beta\)

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
	د د		
	○ -		
). 262 b		
(or listed above) Line 21: Total Uniter	red Out-Of-Pocket Expenditures Over \$50 mized Out-Of-Pocket Expenditures \$50 and	* If you have out-of-pocket expenses of \$50' and under, include them in line 20. Line 21 should include only those expenditures not	
Line 22: TOTAL OUT	ve) OF-POCKET EXPENDITURES IN THE PERIOD	itemized above. ← Enter on page 1, line 8 Page 8	

*Schedule E is not for ballot question committee use.