

Form CPF M 102: Campaign Finance Report

RECEIVED Municipal Form
TOWN CLERK'S OFFICEOffice of Campaign and Political Finance

of Massachusetts 2024 MAH 14 A 8: 13	File with: City or Town Çlerk or Election Commission
Fill in Reporting Period ANN OF LUBBLIOUNG Date:	1/2024 Ending Date: 3/8/2024
Type of Report: (Check one)	5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
ANTONIO RESA BONDO DE ASSESSOR Office Sought and District AST RAY ST. LUOLOW, MA 01056 Residential Address E-mail: TONY, RR @ CHARTER.NET Phone #: 413/563-6565	Committee TO ELECT ANTONIO ROYA Committee Name Jose A terres O Name of Committee Treasurer Sand Committee Mailing Address E-mail: Sand Phone #:
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 12) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 15) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6, Line 7: Total (all) outstanding liabilities (page 7, line 19) Line 8: Total out-of-pocket expenses this period (page 8) Line 9: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box 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 a Candidate without Committee Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the linearce activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 3/1/2021 conly) best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report. best of my knowledge and belief, a true and complete statement of all campaign un-kind contributions and liabilities for this reportion resident of all campaign un-kind contributions and liabilities for this reportion resident of all campaign

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 innertary contribution to be a loan, enter the information on this schedule and on Schedule E 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 (for contributions of \$200 or more)
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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)
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— W = 3	TOWN OF LUDLOW		×
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ine 10: Total Receipts over \$50 (or listed above)			* If you have itemized receipts of \$50 and
ine 11: Total Receipts \$50 and under (not listed above)			under, include them in line 10. Line 11 should include only those receipts not itemized above.
ine 12: TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. e. 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	Address	Purpose of Expenditure	Amount
Date Faid	(alphabetical listing)	Address	rurpose 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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* If you have and under, inc	itemized expenditures of \$50 lude them in line 13. Line 14	Line 13: Expenditures over \$50 (c	or listed above)	
should include	e only those expenditures not itemized above.	Line 14: Expenditures \$50 and un	der (not listed above)	
	Enter on page 1, line 4	Line 15: TOTAL EXPENDITU	RES 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 pages.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
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*161		1		
* If you have itemized in-kind contributions of \$500 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		
should inclu	de only those expenditures not itemized above.	Line 17: In-Kind Contributions S	\$50 and under (not listed above)	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND COM	TRIBUTIONS IN THE PERIOD	

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
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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
D	2 %		
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RECE	TOWN O		
Line 20: Total Itemiz (or listed above)	zed Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Unite under (not listed abo	mized Out-Of-Pocket Expenditures \$50 and ve)		should include only those expenditures not itemized above.
Line 22: TOTAL OUT	-OF-POCKET EXPENDITURES IN THE PERIOD	TALL TO	← Enter on page 1, line 8