

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date:	19 2024 Ending Date: 12 31 2024			
Type of Report: (Check one)				
■ 8th day preceding preliminary ■ 8th day preceding election	■ 30 day after election			
Candidate Full Name (if applicable) School Committee Member, Ludlow Office Sought and District (al Lillian St. Ludlow, MA 01056 Residential Address E-mail: ISOGRES 0781 C. gmail. Com Phone #: 413-519-1341	School Committee Candidate Isabel Soares Committee Name Robert Burek Name of Committee Treasurer (al Lillian St. Ludlow, MA Committee Mailing Address 01056 E-mail: 150aces 0781@ gmail.com Phone #: 413-519-1341			
SUMMARY BALANCI	E INFORMATION:			
Line 1: Ending Balance from previous report				
	QQ, 91			
Line 2: Total receipts this period (page 3, line 12)	JAN CC			
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, 1	ine 18)			
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:	Bank			
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 box	(only)			
activity, of all persons acting under the authority or on behalf of this committee in acc incurred 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 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.			
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			
Signed under the penalties of perjury:	(Candidate's signature) Date: 102025			

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 or each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(mpaneous soung roquitos)		(for contributions of \$200 or more) 2
			TOWN OF LUDLOW
			4)
		-	1 X

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
	r Paga		2025 JAN - b P 1: 12
			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 Rece	eipts \$50 and under (not listed above)		should include only those receipts not itemized above.
Line 12: TOTAL I	RECEIPTS IN THE PERIOD	0	← 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		RECEIVED
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure RK'S OA Mount
ė.	- , - <u>X</u>		2025 JAN -b P 1: 12
			TOWN OF UDLOW
		-	

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		epts -	3.	
		To	RECEIVED WN CLERK'S OFFICE	
			DWN OF LUDLOW	
				8
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14				
	de only those expenditures not itemized above.	ose expenditures not Line 14: Expenditures \$50 and under (not listed above)		
		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
			TOWN CLERK'S OFFICE	
			2025 JAN - b P 1: 12	
	<u>:</u>		TOWN OF LUDLOW	
			3	
				1
				1
	± 11	:	-	
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions ove	r \$50 (or listed above)	
	de only those expenditures not itemized above.			
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTI	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
			RECEIVED TOWN CLERK'S OFFICE	
			2025 IAM	
		-	2025 JAN -6 P 1: 12	
			TOWN OF LUDLOW	

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 TOWN CLERK'S OFFICE		
Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure 1075 JAN - 6 1: 12	
			TOWN OF LUDLOW	
		tana dan ya		
	ı İi			
Line 20: Total Itemize (or listed above)	d Out-Of-Pocket Expenditures Over \$50	0	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21	
	nized Out-Of-Pocket Expenditures \$50 and (e)	0	should include only those expenditures not itemized above.	
Line 22: TOTAL OUT-C	DF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8 Page 8	