

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwea of Massachus		RECE	EIVED			File with: City or Town Cle	rk or Election Comm	ussion
Fill in Re	eporting Period dates:	TOWN CLE Beginn	ing Date:	124	Ending l		124	1001011
L		2025 JAN -	7 A 8: 38				1	
Type of l	Report: (Check one)	TOWN O	E LUM COLL					
☐ 8th day	preceding preliminary	8th day pro	F LUDLOW eceding election	☐ 30 day	after election	year-end report	dissolution	ì
7	John Bring) ()r/r	200					
P	Candidate Full Nam	e (if applicable)	- C S			Committee Name		
	Office Sought a	and District	01 3		Name of Committee Treasurer			
32	omiller S	A. Lo	dlow mf	A			- = =	
E mail: -	Residential		2000	E-mail:	C	ommittee Mailing Address		
E-mail:	11)PALA 9 59		01. com	Phone #:				
Phone #:	413 - 331	- 2683	<u> </u>	- Phone # :				
		SUMM	ARY BALAN	CE INFO	RMATION:			
	Line 1: Ending Bala	nce from previo	ous report			0		
	Line 2: Total receipt	ts this period (p	age 3, line 12)			Ò		
	Line 3: Subtotal (lin	e 1 plus line 2)				0		
	Line 4: Total expend	litures this perio	od (page 5, line 1:	5)		0		
	Line 5: Ending Bala	nce (line 3 min	us line 4)			0		
	Line 6: Total in-kind contributions this period (page 6, li			5, line 18)		0		
	Line 7: Total (all) ou	ıtstanding liabil	ities (page 7, line	19)		0		
	Line 8: Total out-of-p	ocket expenses	this period (page	8, line 22)		0		
	Line 9: Name of ban	k(s) used:				0		
I certify that I activity, inclu	Committee Treasurer: I have examined this report including all contributions, loans, receive of all persons acting under the	eipts, expenditures,	disbursements, in-kind	d contributions	and liabilities for thi	s reporting period and repres		1
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 CAN	DIDATE FILINGS ONL	Y: Affidavit of C	Candidate: (check 1 l	oox only)			1 1	
I certify activity,	the with Committee that I have examined this report in of all persons acting under the au any liabilities nor made any expe	thority or on behalf	f of this committee in a	accordance with	the requirements of	M.G.L. c. 55. I have not rec		
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.								
Signed under	Signed under the penalties of periury Date: 1905							

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)	IVED	Occupation & Employer (for contributions of \$200 or more)
	2025 JAN -		
	TOWN OF	LUDLOW	
			=
			Ţ, Y

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
		RECE			
		TOWN CLEA	NS OFFICE		
		2 025 JAN - T			
		TOWN OF	DDLOW		
8					
Line 10: Total Rece	ipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and		
	ipts \$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 R	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.

To Whom Paid RECEIVED				
Date Paid	(alphabetical listing)	RECEIVED TOWN CLERKY'S OFFICE	Purpose of Expenditure	Amount
10 (10 to 10		2025 JAN -7 A 8: 39		
		TOWN OF LUDLOW		
		· ·		
				11
				E I 9-1
				=

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
		RECEIVED			
		TOWN CLERK'S OFFICE			
		2025 JAN -7 A 8	9		
		TOWN OF LUDLOW			
			~		
* 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 $4 \rightarrow$	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.

	or committee name and a-page number on		Description of Contribution	Value
Date Received	From Whom Received*	Residential Address [] TOWN CLERK'S OFFICE	Description of Contribution	Value
		2025 JAN -7 A 8: 3		
		TOWN OF LUDLOW	1	
				* 1 ² = 11
	.0		-	
7	-			
* 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		
		Line 17: In-Kind Contributions \$50		
Enter on page 1, line $6 \rightarrow$		Line 18: TOTAL IN-KIND CONTRIBUTIONS 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
		RECEIVED TOWN CLERK'S OFFICE		
		7075 JAN - 7 - A 8: 39 TOWN OF LUDLOW		
	,			
			i.di.	
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	DING LIABILITIES (ALL)	6

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.

	Name and Address of Vendor	IVED	
Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
	TOWN OF		
		14.7	
11			
(or listed above) Line 21: Total Unitem	d Out-Of-Pocket Expenditures Over \$50 ized 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	
under (not listed above		itemized above. ← Enter on page 1, line 8	