

Form CPF 102ND: Campaign Finance Report Office of Campaign and Political Finance RECEIVED

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Please print or type all information, except signatures. TOWN OF LUDLOW Please print or type all information, except signatures. TOWN OF LUDLOW Please print or type all information, except signatures. TOWN OF LUDLOW Please print or type all information, except signatures. TOWN OF LUDLOW Please print or type all information, except signatures. TOWN OF LUDLOW Please print or type all information, except signatures. Town of Ludlow William E. Roosey Full Name of Candidate Selectman-Town of Ludlow Office Sought/District Residential Address Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Chicopee Savings Bank Town of Ludlow Committee Treasurer 10. 0.00 Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Chicopee Savings Bank The stream of the prediction of the predictio					
Please print or type all information, except signatures. TOWN OF LUDLOW	Ashburton Place		201	2 9RF 10# 1	> 3:09
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Reporting Period Beginning	ill in datas:	rmation, except signa	itures.	OWN OF LU	DLOW
Sth day preceding primary		Year 011 Ending			
Full Name of Candidate Selectman-Town of Ludlow 86 Pinewood, Ludlow, MA Residential Address Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Chicopee Savings Bank Indiant E. Roosey Committee to Elect Bill Room Maxine Committee Name Maxine Committee Treasurer 101 Woodland Circle Ludlow, MA Committee Malling Address Tel. No. (optional) Tel. No. (optional) SumMary BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Chicopee Savings Bank Indiant 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 manages finance activity including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and rempaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.O.L. c. 55. May 1. Page 3. The committee of perfury:	Type of report: (Check one) 18th day preceding primary 8th day preceding election	Negrand man			
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Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee Certify that I have examined this report, and attached schedules, and it is, to the best of my knowledge and belief, a true and complete statement of all camponeristic incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without committee OR Candidate with independent activity filling separate report informations, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report is an 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 report is an appaign finance activity of all persons activity and attached schedules.	Candidate with Committee and no activity independent of the committee ratify that I have examined this report, and attached schedules, and it is, to the unce activity, of all persons acting under the authority or on behalf of this con tributions, incurred any liabilities.	best of my knowledge and I	belief, a true an	d complete stateme	ent of all campaign
nance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represent the authority or on behalf of this committee in accordance with the requirements of M.O.L. c. 55. Signed under the penalties of perjury: January 17, 2 andidate's signature (in ink)	rtify that I have examined this report, and attached schedules and it is, to the lunce activity, including contributions, loans, receipts, expenditures, disbursem upaign finance activity of all persons acting under the authority or on behalf or	filing separate report best of my knowledge and b sents, in-kind contributions a of this committee in	elief, a true and and liabilities fo ance with the re-	i complete statement this reporting per quirements of M.O.	nt of all campaign iod and represents th .L. c. 55.