

Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Please print or type all information, except signatures.		06/21/2020 (MM/DD/YYYY)	20th day of January (Year-End report)	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. 3. I certify that I do not have a political committee.	RESS OFFICE SOUGHT	Drive Websary Wister	
DE CEIVED	in	1970 July 26 A 10: OBnding:	TOWN OF LUCILOW (town or special)	incurred any obligations during this reporting p	RE RESIDENTIAL ADDRESS (Street and Number)	Collette 297 Colonial	
Je		05/15/2020 (WM/DD/YYYY) 1010	Sth day preceding election	ently hold Municipal Office. tributions, made any expenditures, or intittee.	Signed under the penalties of perjury	effe Tunda Cal	
on on the contraction of the con	Sity or Town of: Ludlow	ceporting Period: Beginning:	ype of Report: (Check One)	ursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expending I certify that I do not have a political committee.	DATE PRINT NAME	6.22.20 Linda J. Coll	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts RECEIVED	File with: City or Town Clerk or Election Commission
7070-JUN 21, A 10:-08	· 1 · 20 Ending Date: 7.1.20
Type of Report: (Check one) TOWN OF LUDLOW	,
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
linda / Colletta	
Candidate Full Name (if applicable)	Committee Name
_ Library Trustee	
office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: <u>redcare charter</u> . net	E-mail:
Phone # (optional): 4[3 583, 4383	Phone # (optional):
SUMMARY BALANC	TE INFORMATION.
	AND INVOIGNATION.
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pa	ige 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer:	<u> </u>
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	contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ix only)
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 actineurred 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 cordance with the requirements of M.G.L. c. 55. I have not received any contributions, a 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 of on behalf of this	in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury: Kenda + Collette	(Candidate's signature) Date: 6.22.20

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address	A4	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			RECEIVED TOWN CLERK'S OFFICE
		<u> </u>	10 10 10 10 10 10 10 10 10 10 10 10 10 1
			2020 JUN 26 A 10: 08
<u> </u>			TOWN OF LUDLOW
<u></u>			
		<u> </u>	
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* Tfaran harra itamina	I receipts of \$50 and under include them in line	0.71 10 1	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
			ECEIVED		
<u> </u>			HILL OF EDAIS OFFICE		
		207	JUN 26 A 10:08		
		244	10 3511 20 24 10 00		
	<u> </u>			<u> </u>	
			·		
		<u> </u>		<u>_</u>	
·				<u></u>	
<u> </u>				<u> </u>	
			, , , , , , , , , , , , , , , , , , , ,		
		Line 12: Expenditures over \$50	(or listed above)		
:		Differ 12. Dapenditutes over \$30	(or using anove)		
		Line 13: Expenditures \$50 and u	ınder* (not listed above)		
	.	The 14 months propro-			
		Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	<u>-</u>	TOWN	LERK'S OFFICE	
		 	1 25 A 10: 08	
		TOW	OF LUDLOW	
			,	
				: