

# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

Commonwer of Massachus		١	RECEIVED			
Fill in Re	eporting Period dates: Beginning Date:	39/21				
Type of I	Report: (Check one)		TOWN OF LUCLOW			
₹8th day	y preceding preliminary 8th day preceding election	30	day after election  year-end report dissolution			
_Ja	Candidate Full Name (if applicable)		NIA.			
	School Committee		Committee Name			
285			Name of Committee Treasurer			
E-mail:	Residential Address  X OU OO 1 & AMOUL : COM	E-mail	Committee Mailing Address			
Phone # (opti		Phone	# (optional):			
	SUMMARY BALANC	E INF	ORMATION:			
	Linc 1: Ending Balance from previous report		0			
	Line 2: Total receipts this period (page 3, line 11)	)	374.10			
	Line 3: Subtotal (line 1 plus line 2)		374 10			
	Line 4: Total expenditures this period (page 5, lin	ie 14)	374.10			
	Line 5: Ending Balance (line 3 minus line 4)	- <u>-</u>	8			
	Line 6: Total in-kind contributions this period (pa	ige 6)	8			
	Line 7: Total (all) outstanding liabilities (page 7)		8			
	Line 8: Name of bank(s) used:	we co	Δ			
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:						
FOR CAN	NDIDATE FILINGS ONLY: Attidavit of Candidate: (check 1 ho.	ox only)	·			
Candida I certify activity, incurred	Candidate with 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, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. e. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.					
finance a campaign	Candidate without Committee  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	er the penalties of perjury:		(Candidate's signature) Date: 3 70			

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Davidential Address		- · · <u>·                                 </u>
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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IVE.	WAR 19 1 A 11:		
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	797		
Line 9: Total Rece	ipts over \$50 (or listed above)	374,10	
Line 10: Total Receipts \$50 and under* (not listed above)		·	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	374.10	Enter on page 1, line 2

# 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
			2021 HAR 19 A 11: 49
			TOWN DETHINLOW
	<u> </u>		
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> 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

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	uttee name and a page number on			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
Date Laid					
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			<u> </u>	<b> </b>	
[]					
		Line 12: Total Expenditures ov	er \$50 (or listed above)	374,10	
		Line 13: Total Expenditures \$50	and under* (not listed above)		
Time 14, TOTAL EXPENDITIONS IN THE DEDICT.					
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 37				374.10	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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# SCHEDULE B: EXPENDITURES (continued)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
i	,		RECEIVED		
			TOWN CLERK'S OFFICE		
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		Line 12: Expenditures over \$50	(or listed above)		
		Line 13: Expenditures \$50 and t	under* (not listed above)		
	_	<u> </u>			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES 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					

<sup>\*</sup> 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 C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

RFCFIVED

	OWN CLEEK'S OFFI	lar.		
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	From Whom Received*	<del>                                      </del>		
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	TOTALOPLOR			<u> </u>
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	,	Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions		<u></u>
	Butanian and A. Marie a	_		<u></u>
Enter on page I, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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## 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	RECEIVED TOWN CLERK'S OFFICE	Amount
			TOWN CLERK'S OFFICE	
			IL ZOZI MAR 19 A H-14d	
			TOWN OF LUDLOW	
		]		
			<u> </u>	
		Line 18: TOTAL OUTSTAN		