

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts	RECEIVED File Will! Cat En 18 S OF THE Prection Commission
Fill in Reporting Period dates: Beginning Date: 3/	Ending Date: APA 27 009
Type of Report: (Check one)	TOWN OF LUDLOW
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Angela Angelmo Candidate Full Name (if applicable) School Committee Office Sought and District 207 Reynolds Struct Residential Address E-mail: SUdstand Yahoo Com Phone # (optional): 413 433 2679	Committee to elect Angela Mile For Scholinittee Name non thee Lawrence Lawrence Treasurer 207 Remailed Mailing Address E-mail: Shds Far Juhoo, Com Phone # (optional): 4/3 433 216 79
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	100.00
Line 2: Total receipts this period (page 3, line 11)	1310-00
Line 3: Subtotal (line 1 plus line 2)	1410.00
Line 4: Total expenditures this period (page 5, lin	e 14) /3/9. 72
Line 5: Ending Balance (line 3 minus line 4)	90.28
Line 6: Total in-kind contributions this period (pa	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	Bank North
Affidavit of Committee Treasurer: 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 finance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority of Candidate: (check 1 be activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting 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 the	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 42722 Example (Treasurer's signature) Date: 42722 Example (Treasurer's signature) Date: 42722 Date: 427222 Date: 427222
Signed under the penalties of perjury:	(Candidate's signature)

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.)

eport all receipts. Please include your committee name and a page number on each page.)						
Data Danimal	Name and Residential Address Date Received (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)			
3/22/22	Bennie Hanchetter	15D	(101 CORCIDUCIONS OF \$200 OF MOTE)			
3/9/22	Rich Howell 176 lenn Drive Wilbra ham, MADOS	150°0				
3/27/22	Hank Bastas, Luctow MA 0/057	180.00				
4/7/22	JORNAMINAST HADES	10000				
3/24/22	Angela Anselmo 207 Reypolds St Ludow	730,00	Home			
	6 0					
IVED	LUDILOW					
RECE	APR 2-0WN OF					
	302					
Line 9: Total Rece	ipts over \$50 (or listed above)	13109				
Line 10: Total Reco	eipts \$50 and under* (not listed above)					
Line 11: TOTAL	RECEIPTS IN THE PERIOD	13/000	← Enter on page 1, line 2			

^{*} 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 A: RECEIPTS (continued)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	

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9	S OFFIC A 10: UDLOW			
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	N CLIEK APR 27 WN OF			
Ц				
1	102			
Line 9: Total Rece	ipts over \$50 (or listed above)			
ine 10: Total Rece	eipts \$50 and under* (not listed above)			
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
			Id include only those receipts not itemized above	

^{*} 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.)

port all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
	(aphastrant inting)	1			
1				-	
				<u> </u>	
		-			
			TOWN COMMON		
			10WN		
		J			
			ERK'S 27 / 0F LU		
			ERK'S DEFICE 27 A IO: 09 OF LUDLOW		
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
				<u> </u>	
		Line 12: Total Expenditures ov	er \$50 (or listed above)		
Y: 10 TO 11 TO 12 MED 1 1 TO 12 1 1 1					
	Line 13: Total Expenditures \$50 and under* (not listed above)				
	.	Time 14. TOTAL EXPENDENT	TIDEC IN THE BEDIOD		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	UKES 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.

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SCHEDULE B: EXPENDITURES (continued)

SCHEDULE B. EXTENDITURES (continued)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
3/28/22	Angela Anselno	207 Ruy nolds St Kudhry MA Oros	Reinbursed for Staples Signs	30583	
3/24/22	Angela Anselmo 201 Feynolds St Ludlow, MA 0,003		Reinburse for Handen Signs	100404	
3/25/22	No A		cost of Checks for Campaign Acct	983	
	V				
	ਜ਼ 00				
	VS OFFIC				
	RECENT OWN OF				
		Line 12: Expenditures over \$50	(or listed above)	1319.72	
		Line 13: Expenditures \$50 and to	under* (not listed above)		
	10,	Line 14: TOTAL EXPENDIT		13/9072	

^{*} 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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		MA		
			7027)	D.
			WA CLERK'S NAR 27 OWN OF LU	CEN
			S DEFICE A 10: 09 DLOW	Pi
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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	Purpose	Amount
		,		
	FFICE D: 09			
	TOWN GELUDLD			
	RETOWN OF TOWN			
	Enter on page 1, line 7 -	→ Line 18: TOTAL OUTSTAN	NDING LIABILITIES (ALL)	