

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

		Office of Campaign an	nd Political Finance	
Commonwealth of Massachusetts	RECEIVEL			
	TWENT HAT SUITE		File with: City or Town Clerk or Election Commiss	ion
Fill in Repor	ting Period dates: 12: 30 Beginn	ning Date: 1-1-2020	a Ending Date: 3-10-2022	
1	out.0 Wheak long FOM			*****
8th day pred	ceding preliminary 8th day pr	eceding election 30 da	ay after election year-end report dissolution	
_ micl	helle M Mayou Candidate Full Name (if applicable)	7	Patricia A NICOLL Committee Name	
Sch	Office Sought and District		Committee To Elect Michelle Mayo	"
66	Edison de Ludlow	NA ,	Committee To Elect Michelle Mayo Name of Committee Treasurer Colo Edison dR Ludlow MA	
E-mail: mm	Residential Address	E-mail:	Committee Mailing Address	
Phone # (optional)		Phone #	(optional):	
	SUMM	ARY BALANCE INFO	ORMATION:	
	Line 1: Ending Balance from pr	revious report	0	
	Line 2: Total receipts this perio	d (page 3, line 11)	377.81	
	Line 3: Subtotal (line 1 plus line	e 2)	377.81	
	Line 4: Total expenditures this	period (page 5, line 14)	377.81	
	Line 5: Ending Balance (line 3	minus line 4)	0	
	Line 6: Total in-kind contribution	ons this period (page 6)		
	Line 7: Total (all) outstanding l	iabilities (page 7)		
	Line 8: Name of bank(s) used:			
activity, including finance activity of a Signed under the FOR CANDIL	examined this report including attached schedall contributions, loans, receipts, expenditures all persons acting under the authority of on be penalties of perjury: DATE FILINGS ONLY: Affidavit of	, disbursements, in-kind contribution half of this committee in accordance	wledge and belief, a true and complete statement of all campaign finance as and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c. 55. Date: 3-15-2022	
I certify that I activity, of all		If of this committee in accordance w	knowledge and belief, a true and complete statement of all campaign finalith the requirements of M.G.L. c. 55. I have not received any contribution t are not otherwise disclosed in this report.	
I certify that I finance activit	ty, including contributions, loans, receipts, exp	enditures, disbursements, in-kind co	knowledge and belief, a true and complete statement of all campaign ontributions and liabilities for this reporting period and represents the in accordance with the requirements of M.G.L. c. 55.	

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 Residential Address (alphabetical listing required) Amount Amount Occupation (8) Amount Occupation (8)	f \$200 or more) → 2: 30
2/20/2022 Michelle Mayou 46 Edison de Ludlow MA 01056 10WN OF LUI	→ 12: 30
Line 9: Total Receipts over \$50 (or listed above) 377.81	
Line 10: Total Receipts \$50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD 377.61 ← 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 no	

^{*} 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.)

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/20/2022	Signs-Com	1550 S Cladiola ST SAITLAKE CITY UT SHIPY	yand Signs	311.55
2/24/2022	The Ink Spot [AMAZerl Coin]	AMAJON. COM URJEK	Custom printed Rns	66.26
	SOFFICE P 12: 30 DLOW			
	LERK!			
d	70WN C 2022 MAR TOWN			
		Line 12: Total Expenditures ov	er \$50 (or listed above)	377.81
		Line 13: Total Expenditures \$50	and under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				377.81

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

Page 4

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
	30 30			
	1 P 12			
	TOWN OT TOWN O			
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	8

^{*} 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.

Page 6

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>	
	12: 30 3¥ 3¥			
	TOWN CLERK'S OFFICE 1022 MAR 1-1 P. 12: 30 TOWN OF LUDLOW			
	- HE K.S.			
	MAR OWN WIN			
	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
			<u> </u>	
			1	
1				
] 	
		Line 18: TOTAL OUTSTAN	IDING HADILITIES (ALL)	