

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

OT FIGSSacrius-Cits	File with: City or Town Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date:	12023 Ending Bate JAH 12/31/20023
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
ANTONIO ROTA	Committee TO Elect ANTONIO Rigo
Candidate Full Name (if applicable) Office Sought and District	Name of Committee Treasurer
135 Ray ST, Ludlow MA Clost Residential Address	Committee Mailing Address
E-mail: TONY. RRC CHARTER, NET	E-mail: SAM
Phone #: 443/5F3-6565	Phone # :
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	/60.00
Line 2: Total receipts this period (page 3, line 12)	
Line 3: Subtotal (line 1 plus line 2)	100.0
Line 4: Total expenditures this period (page 5, line 15)	
Line 5: Ending Balance (line 3 minus line 4)	780.
Line 6: Total in-kind contributions this period (page 6, 1	tine 18)
Line 7: Total (all) outstanding liabilities (page 7, line 19)) <u>O</u>
Line 8: Total out-of-pocket expenses this period (page 8	, line 22)
Line 9: Name of bank(s) used:	NK.
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 of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	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:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	s 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 accincurred 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 this	, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of periury:	(Candidate's signature) Date: 114/2024

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphabetical fishing required)	Amount	(for contributions of \$200 or more)
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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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			DOLOW SEED
			9
Line 10: Total Rece	ripts over \$50 (or listed above)		* If you have itemized receipts of \$50 and
	eipts \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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			TWC INC.	
			JA 6-2 A	
			H: 0 9	
	* If you have itemized expenditures of \$50 Line 13: Expenditures over \$50 (or listed above)			
	nclude them in line 13. Line 14 de only those expenditures not itemized above.			
	Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD			

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Line 17: In-Kind Contributions \$	50 and under (not listed above)	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CON	TRIBUTIONS IN THE PERIOD	

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
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			A III C	
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
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			A III C
			8
Line 20: Total Itemize (or listed above)	d Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50
	ized Out-Of-Pocket Expenditures \$50 and		and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-O	F-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8