



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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TOWN CLERK'S OFFICE
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 02/03/2024 Ending Date: 03/08/2024
2024 MAR 18 A 8:54

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
TOWN OF LUDLOW

Isabel Maria Soares
Candidate Full Name (if applicable)
School Committee Member Ludlow
Office Sought and District
61 Lillian St, Ludlow, MA 01056
Residential Address
E-mail: isoares0781@gmail.com
Phone #: 413-519-1341

School Committee Candidate Isabel Soares
Committee Name
Regina C Lourenco
Name of Committee Treasurer
61 Lillian St, Ludlow, MA 01056
Committee Mailing Address
E-mail: paxetchiara@gmail.com
Phone #: 413-583-6493

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 12)	5660.00
Line 3: Subtotal (line 1 plus line 2)	5660.00
Line 4: Total expenditures this period (page 5, line 15)	3362.24
Line 5: Ending Balance (line 3 minus line 4)	2297.76
Line 6: Total in-kind contributions this period (page 6, line 18)	505.84
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0.00
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0.00
Line 9: Name of bank(s) used:	Country Bank

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: Regina C. Lourenco (Treasurer's signature) Date: 3/18/2024

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

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. c. 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.

Candidate without 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, 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 the penalties of perjury: Isabel Soares (Candidate's signature) Date: 3/18/2024

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

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/01/24	Dias, Joao 57 Beachside Dr Ludlow, MA 01056	35.00	TOWN OF LUDLOW
2/21/24 2/21/24	Howell, Richard J 47 Glen Dr Ludlow, MA 01056	115.00 35.00	
2/12/24 2/21/24	Lourenco, Arthur J 9 Margaret Ln Ludlow, MA 01056	50.00 35.00	
2/12/24 2/21/24	Lourenco, Regina C 9 Margaret Ln Ludlow, MA 01056	50.00 35.00	
2/3/24	Ludlow Republican Town Cmte. Ludlow, MA 01056	500.00	Political Entity
2/29/24	Manchester, Bonnie 63 Elm St Ludlow, MA 01056	35.00	
2/29/24	Manganaro, Mark Ludlow, MA 01056	210.00	Retired
2/29/24 3/01/24	Nowak, Kathy 45 Kirkland Ave Ludlow, MA 01056	50.00 35.00	
2/29/24 3/01/24	Pasquini, Richard 17 Ridgeview Ave Ludlow, MA 01056	50.00 35.00	
2/29/24 3/07/24	Robar, Raymond 31 Edgewood Rd Ludlow, MA 01056	35.00 200.00	RETIRED
2/20/24	School Committe Race Joao Dias Candidate Ludlow, MA 01056	100.00	Political Entity
2/05/24	Soares, Isabel 61 Lillian St Ludlow, MA 01056	45.00	
	(continue on next page)		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/21/24	Valdages, Amber 213 A Kendall St Ludlow, MA 01056	100.00	<p align="center">RECEIVED TOWN CLERK'S OFFICE</p>
			<p align="center">2024 MAR 18 A 8:54 TOWN OF LUDLOW</p>
Line 10: Total Receipts over \$50 (or listed above)		1750.00	<p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p>
Line 11: Total Receipts \$50 and under (not listed above)		3910.00	
Line 12: TOTAL RECEIPTS IN THE PERIOD		5660.00	

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

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Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/22/24	Chuck Sign Co	658 Fuller Rd Chicopee, MA 01020	Banners <i>2024 MAR 18 A 8:54</i> TOWN OF LUDLOW	95.85
2/14/24	Copycat Print Shop	138 Memorial Dr W Spfd, MA 01089	200 tickets for fund raiser	53.13
3/07/24	Launch and Stand Out	98 Lower Westfield rd Suite 120 Holyoke, MA	Stand out mobil truck	550.00
2/05/24	Signsonthecheap.com	11525A Stonehollow Dr Austin, TX 78758	100 Lawn Signs	521.69
2/21/24	Signsonthecheap.com	11525A Stonehollow Dr Austin, TX 78758	100 Lawn Signs	574.43
3/01/24	Soares, Isabel	61 Lillian St Ludlow, MA 01056	Loan repayment	45.00
3/01/24	Soares, Isabel	61 Lillian St Ludlow, MA 01056	Reimbursement See Form R-1 (attached)	84.64
3/01/24	Tony & Penny's Rest.	18 Canterbury St Ludlow, MA 01056	Fund Raising Dinner	1437.50



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/05/24	GotPrint.com	7651 N San Fernano Rd Burbank, CA 91505	1000 business cards	51.69
2/05/24	Isabel M Soares	61 Lillian St Ludlow, MA 01056	Loan to checking account	45.00
2/24/24	Dunkin Donuts	Center St Ludlow, MA 01056	Coffee & Donuts for workers at stand out	32.95

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	129.64
	Line 2: Expenditures \$50 or under (not itemized):	0.00
	Line 3: TOTAL AMOUNT REIMBURSED:	129.64

Signed under the penalties of perjury:

Regina C. Lourenco

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
k				
			RECEIVED TOWN CLERK'S OFFICE 2024 MAR 18 A 8: 54	
			TOWN OF LUDLOW	
Page 2 Total (add to Line 1 on Page 1):				0.00

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
2/14/24	Dias, Joao	57 Beachside Dr Ludlow, MA 01056	Banner	95.85
2/24/24	Dias, Joao	57 Beachside Dr Ludlow, MA 01056	300 printed flyers	30.00
3/01/24	Manchester, Bonnie	63 Elm St Ludlow, MA 01056	Full sheet cake from BigY	64.99
3/01/24	Manchester, Bonnie	63 Elm St Ludlow, MA 01056	2 bottles of wine given as gifts at Fund Raising Dinner	40.00
3/01/24	Villa Rose Restaurant	Center St Ludlow, MA 01056	Gift certificate given at Fund Raising Dinner	25.00
3/01/24	Ludlow Republican Town Committee	Ludlow, MA	Food expense at Fund Raising Dinner	250.00
<div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-90deg); transform-origin: center;"> RECEIVED TOWN CLERK'S OFFICE 2024 MAR 18 A 8:50 TOWN OF LUDLOW </div>				
* 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.				
Enter on page 1, line 6 →				
Line 16: In-Kind Contributions over \$50 (or listed above)				505.84
Line 17: In-Kind Contributions \$50 and under (not listed above)				0.00
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD				505.84

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
			RECEIVED TOWN CLERK'S OFFICE 2024 MAR 18 A 8:55 TOWN OF LUDLOW	
Enter on page 1, line 7 →			Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)	0.00

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.*

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Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
			2024 MAR 18 A 8:55 TOWN OF LUDLOW
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		0.00	<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		0.00	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		0.00	

← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.