

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachus			and the second	E Gil Ewilh Volty of Yown Clerk	or Election C	Commission	
Fill in Re	eporting Period dates: Beginning Date: March	27, 201	1/10	ding Date: \SApril 24, 2017	***	ļ	
			2017	TAPR-24 A-II: 13			
Type of I	Report: (Check one)			***		ļ	
1 * *	preceding preliminary 8th day preceding election	⊠ 30 da	ay after elect	ion O year and report	dissolu	ution	
Deidra Marie Thompson			Committee to Elect Deidra Thompson				
Candidate Full Name (if applicable)			Committee Name				
Town Clerk Hampden County			Vincent Albert Thompson				
Office Sought and District			Name of Committee Treasurer				
33 Wilno Avenue, Ludlow, MA 01056			33 Wilno Avenue, Ludlow, MA 01056				
Residential Address			Committee Mailing Address				
E-mail: deedeet40@yahoo.com			E-mail: poppop7879@yahoo.com				
Phone # (optional): (413) 313-6810			Phone # (optional): (413) 313-2149				
	SUMMARY BALANC	e inte	ODMATT	ON·			
	SUMMARI BALANCI	E III.	OMMATI	V111	-		
	Line 1: Ending Balance from previous report			2	5		
	Line 2: Total receipts this period (page 3, line 11)				0		
	Line 3: Subtotal (line 1 plus line 2)			2	25		
	Line 4: Total expenditures this period (page 5, line	: 14)					
	Line 5: Ending Balance (line 3 minus line 4)			2	25		
	Line 6: Total in-kind contributions this period (page 6)						
Line 7: Total (all) outstanding liabilities (page 7)							
·	Line 8: Name of bank(s) used: Westfield Savings Bank						
Affidavit of	Committee Treasurer:						
I certify that	I have examined this report including attached schedules and it is, to the best	ontributio	ns and liabilitie	s for this reporting period and represe	all campaign f nts the campa	finance tign	
ł	rity of all persons acting under the authority or on behalf of this committee in				pr 24, 201	7	
Signed unde	er the penalties of perjury:	~ vy	(11	easurer's signature)			
FOR CAP	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	k only)					
I certify	that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in accident liabilities nor made any expenditures on my behalf during this reporting	cordance v	y knowledge an with the require	d belief, a true and complete statemen ments of M.G.L. c. 55. I have not reco	t of all campa	aign finance stributions,	
I certify	late without Committee OR Candidate with independent activity filing set that I have examined this report including attached schedules and it is, to the activity, including contributions, loans, receipts, expenditures, disbursements and finance activity of all persons acting under the authority or on behalf of this	best of m in-kind c	y knowledge an ontributions an	d habilities for this reporting period at	na represents	aign the	
	or the penalties of periory: N. S. La. M. M.	4			/24/2017		