

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	RFCFIVF File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1/1/2018 WN CLEREIding Date: 12/31/2018
Type of Report: (Check one)	2019 JAN 18 A 8: 37
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election 0 W year-end report dissolution
Kim M. Batista	Committee to Elect Kim M. Batista
Candidate Full Name (if applicable)	Committee Name
Town Clerk	Deborah DaCruz  Name of Committee Treasurer
Office Sought and District  12 Valley View Dr, Ludlow, MA 01056	12 Valley View Dr, Ludlow, MA 01056
Residential Address	Committee Mailing Address
E-mail: kim.batista729@gmail.com	E-mail:debbie.dacruz@gmail.com
Phone # (optional): (413) 589-7631	Phone # (optional): (413) 583-3751
SIIMMARV RALAT	NCE INFORMATION:
SUMMAN BALA	TOTAL
Line 1: Ending Balance from previous report	115.51
Line 2: Total receipts this period (page 3, line	11)
Line 3: Subtotal (line 1 plus line 2)	115.51
Line 4: Total expenditures this period (page 5,	line 14) 30
Line 5: Ending Balance (line 3 minus line 4)	85.51
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: Country Bank	
activity, including all contributions, loans, receipts, expenditures, disbursements, in-k finance activity of all persons acting under the authority or on behalf of this committee	e in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: 1-18-19
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	1 box only)
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this repo	o the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, rting period.
Candidate without Committee OR Candidate with independent activity filir  I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disbursen campaign finance activity of all persons acting under the authority or on behalf of	o the best of my knowledge and belief, a true and complete statement of all campaign nents, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.
L	Pollette (Cardidate's signature) Date: 1-18-19

### 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.) CLERK'S OFFICE

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			TOWN OF LUDLOW
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> 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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		RE	CEIVED LERK'S OFFICE
			N 18 A 8: 37
		TOW	N OF LUDLOW
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> 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.)

To Whom Paid **Date Paid** (alphabetical listing) Address Purpose of Expenditure Amount OWN OF LUDLOW Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under\* (not listed above) 30 30 Line 14: TOTAL EXPENDITURES IN THE PERIOD Enter on page 1, line  $4 \rightarrow$ 

<sup>\*</sup> 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)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		TOWN CLE	IVED K'S OFFICE	
			8 A 8: 3γ	
		TOWN OF	LUDLOW	
	***************************************			
				Lacron
		Line 12: Expenditures over \$50	(or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	VS-047-738			
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> 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 6 on page 1.

	RECEIVED				
Date Received	From Whom Received*	Residential Address	ERK'S OFFICE Description of Contribution	Value	
		2019 JAN	18 A 8: 38		
			OF LUDLOW		
		TONN	AL LODFOM		
	L. Marie Company of the Company of t				
		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 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS		

<sup>\*</sup> 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
		Address RECEIVED TOWN CLERK'S OFF	CE.	
		2019 JAN 18 A S		
		TOWN OF LUDLO	W	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	