

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts RECEIVE	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: RK'	1 23, 2018 Ending Date: JAN 21, 209			
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution			
Candidate Full Name (if applicable) Selection from Town of Lockie Office Sought and District 58 Cacy Street 01056 Residential Address Telephone Number (optional):	CTE MARIE A. Em BODY Committee Name Name of Committee Treasurer 58 CAdy St Lidlow, MA 01056 Committee Mailing Address Telephone Number (optional):			
SUMMARY BALANC	CE INFORMATION:			
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 1) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 7) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used:	64.86 64.86 64.86 64.86 age 6)			
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: (Treasurer's signature) Date:				
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 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. Candidate without Committee OR Candidate with independent activity filing separate report				
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 committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Candidate's signature) Date:				

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
	(inplication in the property of the property o		(for contributions of \$200 or more) RECEIVED TOWN CLERK'S OFFICE	
·			TOWN OF LUDLOW	
Line 9: Total Recei	pts over \$50 (or listed above)			
Line 10: Total Rece	ipts \$50 and under* (not listed above)			
	ECEIPTS IN THE PERIOD		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 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 hydilalleto complete, print and attach to this report, if additional pages are required to

Date Paid	To Whom Paid (alphabetical listing)[][]	FEB 26 · FAddress	Purpose of Expenditure	Amount
		VN OF LUDLOW		
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<u> </u>	<u>. </u>		<u> </u>	<u></u>
• •		Line 12: Total Expenditures	s over \$50 (or listed above)	
Line 13: Total Expenditures \$50 and under* (not listed above)				
			DITURES IN THE PERIOD	

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			RECEIVED TOWN CLERK'S OFFICE	
			TOWN OF LUDLOW	
r)				
		Line 12: Expenditures over	r \$50 (or listed above)	
	2 18 22 5 0 6 re 0 20	Line 13: Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	0

^{*} 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*	RECEIVE TOWN CLERK'S O Residential Address	Description of Contribution	Value		
		2019 FEB 26 P	3: 29			
		TOWN OF LUC	OW			
		TO THE				
		Line 15: In-Kind Contributions over \$50 (or listed above)				
	Enter on page 1, line 6 →	6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

^{*} 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	RECEI ^{Purpose}	Amount
			TOWN CLERK'S OFFICE	
			2019 FEB 26 P 3 29	
			10MM OF FOREST	
	Enter on page 1 line 7 -	Line 18: TOTAL OUTS	FANDING LIABILITIES (ALL)	

		1