

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK'S OFFICE File with: City or Town Clerk or Election Commission Ending Date: Fill in Reporting Period dates: Type of Report: (Check one) 30 day after election year-end report dissolution 8th day preceding election 8th day preceding preliminary Candidate Full Name (if applicable) Name of Committee Treasurer Office Sought and District MON MA 01036 Committee Mailing Address Residential Address E-mail: 100 Phone # (optional): Phone # (optional): SUMMARY BALANCE 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 14)	0	
	Line 5: Ending Balance (line 3 minus line 4)	0	
	Line 6: Total in-kind contributions this period (page 6)	574.31	
	Line 7: Total (all) outstanding liabilities (page 7)	. 0	
	Line 8: Name of bank(s) used:		
certify that I netivity, incluinance activity.  Signed under Candida I certify activity, incurred Candida I certify incurred Candida I certify finance a	have examined this report including attached schedules and it is, to the best of my know ding all contributions, loans, receipts, expenditures, disbursements, in-kind contribution ty of all persons acting under the authority or on behalf of this committee in accordance or the penalties of perjury:    DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	knowledge and belief, a true and complete statement of all car ith the requirements of M.G.L. c. 55.    Cost   Cos	mpaign finance contributions,
	r the penalties of perjury:	(Candidate's signature)	
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### 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 rear.

occupation and employer must be reported for all persons who contribute \$200 or more in a calendar rear (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 of Carth page. RESOLUTION

Date Received	Name and Residential Address (alphabetical listing required)	Amount 2018 APR 25 Pscupation & Employer
		DWN OF LUDLOW
Line 9: Total Rece	ipts over \$50 (or listed above)	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	
(ine 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)  RECEIVED TOWN CLERK'S OFFICE
			TOWN CLERK'S OFFICE
			2018 APR 25 P 12: 37
			2018 APR 23
			TOWN OF LUDLOW
	No. 110 West		
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11. TOTAL D	RECEIPTS IN THE PERIOD	^	Franco nors 1 Fra 2
			Enter on page 1, line 2  Id include only those receipts not itemized above.

<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 DK'S OFFICE

	To Whom Paid		ime and a page number on each page PRK'S OFFICE	
Date Paid	(alphabetical listing)	Address	MIP Appose of Papistabule	Amount
			T-	
			TOWN OF LUDLOW	
		- W. A. SHILL SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP		
1				
	L	ine 12: Total Expenditures ov	ver \$50 (or listed above)	
	<b>⊢</b>	*		
	L	ine 13: Total Expenditures \$5	0 and under* (not listed above)	
	-			
	Enter on page 1, line $4 \rightarrow  \mathbf{I} $	ine 14: TOTAL EXPENDIT	TURES 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.

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# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faid	(alphabetical listing)	Autress	DECEIVED	
			RECEIVED TOWN CLERK'S OFFICE	
			- 100 OF 12 12 37	
			2018 APR 25 P 12: 37	
			TOWN OF LUDLOW	
		10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
				L
				<u> </u>
			11	
		Line 12: Expenditures ove	r \$50 (or listed above)	
		Line 13: Expenditures \$50	and under* (not listed above)	
	Futur 1 1ins 4 ->	Line 14. TOTAL EVDEN	DITURES IN THE PERIOD	7

<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*	OWN CLERK'S OFFICE Residential Address	Description of Contribution	Value	
3 20	Mike Kelliher	18 WH WELSON OF	Ficebook Adx	171.21	
3/20	Mike Kulliher	108 Wedgenad Or	Flyer Mailing	300,00	
3/27	Mike Kellihur	100 Welymood Dr	Printing	95.60	
3/27	Mike Kellihur	108 Wedgenad Or	al	750	
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	574.31	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	574.34	

<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 N CLERK'	OFFICE Purpose	Amount
		2018 APR 25	P 12: 37	
		TOWNOFL	DLOW	
		, par		
	Enter on mage 1 line 7 -	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	