

Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

			_			-								
i euse print or type att information, except signatures.	06/21/2020		20th day of January (Vear-End renort)	suant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. 3. I certify that I do not have a political committee.	OFFICE SOLIGHT	Board of Public work								
	TENDERERK'S OFFICE	2020 JUN 29 FO 1: 05	S 30th day following election (town or special)	igations during this reporting period, a	RESIDENTIAL ADDRESS (Street and Number)	338 Lyon 54								
5.)	05/15/2020 (MM/DD/YYYY)		☐ 8th day preceding election ⊠ 30th day follow	Municipal Office. made any expenditures, or incurred any obli	SIGNATURE Signed under the penalties of perjury	Not to								
Ludlow	Beginning:	leck One)	8th day preceding preliminary/primary \$\square\$ 8th day	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold I 2. I certify that I have not received any contributions, 3. I certify that I do not have a political committee.	PRINT NAME	Styphen Stantes					123			
City or Town of:	Reporting Period:	Type of Report: (Check One)	☐ 8th day precedin	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candi 2. I certify that I have not re 3. I certify that I do not hav	DATE	6-29-2020								

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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI Massachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: _S	1
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
01 1 0 1	
Candidate Full Name (if applicable)	2 7
	Committee Name
Office Sought and District	- - <u> </u>
338 Lucy St	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: Steve Santos Condsorp in (e) yahra	E-mail:
Phone # (optional):	Phone # (optional):
	2
SUMMARY BALAN	ICE INFORMATION:
Line 1: Ending Balance from previous report	O
Line 2: Total receipts this period (page 3, line 1	1) O
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, l	ine 14) O
Line 5: Ending Balance (line 3 minus line 4)	O
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7	7)
Line 8: Name of bank(s) used: Luso Fe	deral Credot Union
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the b activity, including all contributions, loans, receipts, expenditures, disbursements, in-kir finance activity of all persons acting under the authority or on behalf of this committee	nd contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date:
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 activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report.	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period that are not otherwise disclosed in this report.
finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	Date: (00 2017
Signed under the penalties of perjury:	(Candidate's signature)

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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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\geq			
	5 7 6		
RE(NUU 02 TOWN]]	
<u> </u>	0.00		
	(%)		
	= = = 1		
			a se e man e
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS 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 A: RECEIPTS (continued)

D-4- D- ' '	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			447
			70 W
			REC DWALCI 10 JUN
			9 N III
			E 7 SZ
			05
Westernes Williams Co. Co.			
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		* 750 0 70
ine 11. TOTAL I	RECEIPTS 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 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	The second second	D CE 114	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	77			
		1		
	: 05			
	OE : 3			
	N 0 10			
	CEIVI LERK'S (29 P			
	CE FRI OF L			
	TOWN O			
	70WH 2020 JL 10WH			
]		
] [
	*			
5 25				
	3	Line 12: Total Expenditures over	\$50 (or listed above)	
		Line 13: Total Expenditures \$50 a	and under* (not listed above)	
	2.02	Line 14: TOTAL EXPENDITU	DEC IN THE DEDICE	

^{*} 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
			7020 7020	
			PRK'S OF LUDU	
			M 805	
				Rightianian Jacob Jan
		1		
				
a ''		Line 12: Expenditures over	\$50 (or listed above)	
		Line 13: Expenditures \$50 as	nd under* (not listed above)	
	Enter on page 1, line 4 -	Line 14: TOTAL EXPEND	ITURES 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.

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 16 on page 1.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
	005			
	1. 0 ×			
	70 0 0			
	而是 62 101			
and the second section of the second	3 40			
Ĭ	70W 2020 70W			
	7 20 1			
14	1 4 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions		all religion in
		A REPORT OF THE PROPERTY OF TH		

^{*} 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.

ate Incurred	To Whom Due	Address	Purpose	Amount
			200	
			REC DWN CLI	
			LUDLO3	
			2	
			05	

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