



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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TOWN CLERK'S OFFICE
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-2021 Ending Date: 2021 MAR -9 123-29 2021

Type of Report: (Check one) TOWN OF LUDLOW
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

CAROLYN ROGOWSKI-DUARTE
Candidate Full Name (if applicable)
BOARD OF HEALTH
Office Sought and District
25 SUMMER AVENUE
Residential Address
E-mail: crogowski1953@charter.net
Phone # (optional): (413) 530-6331

Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail:
Phone # (optional):

SUMMARY BALANCE INFORMATION:

| | |
|--|---------------|
| Line 1: Ending Balance from previous report | <u>-0-</u> |
| Line 2: Total receipts this period (page 3, line 11) | <u>669.98</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>669.98</u> |
| Line 4: Total expenditures this period (page 5, line 14) | <u>669.98</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>-0-</u> |
| Line 6: Total in-kind contributions this period (page 6) | <u>-0-</u> |
| Line 7: Total (all) outstanding liabilities (page 7) | <u>-0-</u> |
| Line 8: Name of bank(s) used: | <u>NONE</u> |

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: _____

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 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Carolyn Rogowski Duarte (Candidate's signature) Date: 3-9-2021

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|--|--|---------|--|--------|
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| | | | TOWN OF LUDLOW | |
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| Line 12: Expenditures over \$50 (or listed above) | | | | |
| Line 13: Expenditures \$50 and under* (not listed above) | | | | |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | |

Enter on page 1, line 4 →

* 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 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 |
|---------------------------|-------------|---------|---|--------|
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| Enter on page 1, line 7 → | | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | |

