

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwea of Massachus					File with: City or Town C	lerk or Election Commissic
Fill in Re	eporting Period dates: Beginning Date:	6	623	Ending I		
Type of I	Report: (Check one) TUWN OF LUNGO			*an	vendment	
☐ 8th day			30 day	after election	year-end report	dissolution
()	Mh Fance Ry Ver				N/A	
30	Candidate Full Name (if applicable)	-			Committee Name	
	School Computee Office Sought and District	-		Na	me of Committee Treasure	
25	25 IRIA Drive Ludling mA 010510			. 110		
E-mail:	Residential Address	L	-mail:	C	ommittee Mailing Address	
	S_bowler@ludiosps.org		hone #:			
	313 881-1161	L				
	SUMMARY BALANC	E	INFOI	RMATION:		
	Line 1: Ending Balance from previous report			É	3	
	Line 2: Total receipts this period (page 3, line 12)		[0	,	
	Line 3: Subtotal (line 1 plus line 2)		[Ø		
	Line 4: Total expenditures this period (page 5, line 15)	Vii	[Ø		
	Line 5: Ending Balance (line 3 minus line 4)			Ø		
	Line 6: Total in-kind contributions this period (page 6,	line	18)	Ø		
	Line 7: Total (all) outstanding liabilities (page 7, line 1	9)	[Ø		
	Line 8: Total out-of-pocket expenses this period (page 8	8, li	ne 22)	\$100		
	Line 9: Name of bank(s) used: Back of f	₩,	مذرح			
Affidavit of	Committee Treasurer:					
activity, inclu	I have examined this report including attached schedules and it is, to the best uding all contributions, loans, receipts, expenditures, disbursements, in-kind of	contr	ributions a	nd liabilities for thi	is reporting period and repr	
	ity of all persons acting under the authority or on behalf of this committee in r the penalties of perjury:	acco	ordance wi		s of M.G.L. c. 55.	
	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox on	ılv)	(11000000		
	ate with Committee					
I certify	that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in ac-					
	any liabilities nor made any expenditures on my behalf during this reporting					, sometime,
I certify	ate without Committee that I have examined this report including attached schedules and it is, to the					
finance a	activity, including contributions, loans, receipts, expenditures, disbursements	s, in-	kind contr	ibutions and liabili	ties for this reporting period	d 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

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contribute \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts an records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

Attack additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	2024 FED 25 P U: OU FOWN OF LUDLOW		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	RECEIVED		
	2024 FEB 25 ₱ 4: 04		
	LOWN OF LUDLOW		
-			
Line 10: Total Receipts over \$50 (or listed above)			* If you have itemized receipts of \$50 and
Line 11: Total Receipts \$50 and under (not listed above)			under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

RECEIVED					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
	7024 FEB	SP 1: 02			
	TOWN	F LUDLOW			
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SCHEDULE B: EXPENDITURES (continued)

T	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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	RECEIVED			
	2024 FEB 25 ₽ 4	or		
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] [
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* If you have	itamized expenditures of \$50	L' 12 E 1' 65) (1:-4-1-1)	
and under, in	e itemized expenditures of \$50 clude them in line 13. Line 14	Line 13: Expenditures over \$50 (or listed above)		
should include	de only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		
		Line 15, TOTAL EVDENDIN	TUDES IN THE DEDION	
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD				

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. I addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contribution received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

1		A L D	AND		
ate Received	From Whom Received*	S OF Residential Address	Description of Contribution	Value	
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* 10 ' '	to a limit of the	I. 16 I W. 16	050 (1:1-1		
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not		Line 16: In-Kind Contributions over \$50 (or listed above)			
snoula inclu	itemized above.	Line 17: In-Kind Contributions \$50 and under (not listed above)			
	nemized adove.				
			TRIBUTIONS IN THE PERIOD		

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	RECENTED	Purpose	Amount
		EWALL ERK'S OFFICE		
		1024 FEB 26 P 4: 05		
		TOWN OF LUDLOW		
<u> </u>				L
The second secon	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAN	DING LIABILITIES (ALL)	

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
9/6/2023	Tan Hall 250th Commotke Commerce tes Chapin St. Ludlin ma 01056	\$100-	Sponsored note @ Gaf tunament for asouth cellubration in 2024.
			AN FEB /
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			05 m
Line 20: Total Itemize (or listed above)	ed Out-Of-Pocket Expenditures Over \$50	* If you have out-of-pocket expenses of \$50	
	nized Out-Of-Pocket Expenditures \$50 and e)	Ø	and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	← Enter on page 1, line 8	