

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date:	101/23 Ending Date: $12/31/23$				
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election				
Candidate Full Name (if applicable) 70WN MODERATOR Office Sought and District 165 CANOVEVO DR, LUDLOW Residential Address	Committee Name Name of Committee Treasurer Committee Mailing Address				
E-mail: MASZLOSEC CMAIL, Com Phone #: 413 886 2786	E-mail: Phone #:				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report					
Line 2: Total receipts this period (page 3, line 12) Line 3: Subtotal (line 1 plus line 2)					
Line 4: Total expenditures this period (page 5, line 15)					
Line 5: Ending Balance (line 3 minus line 4)					
Line 6: Total in-kind contributions this period (page 6,	line 18)				
Line 7: Total (all) outstanding liabilities (page 7, line 1					
Line 8: Total out-of-pocket expenses this period (page 8	3, line 22)				
Line 9: Name of bank(s) used:	N/A				
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 activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions,				
Candidate without Committee certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of the Signed under the penalties of periury:	is candidate in accordance with the requirements of M.G.L. c. 35.				

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 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 contributions received. If a candidate intends a candidate monetary contributor to be a loan, enter the information on this schedule and on Schedule E Liabilities.

Attach 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)
	FOWN OF LUCLOW		
	j		



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

Office of Campaign and Political Finance

Please print or type all information, except signatures.

Please print or type all information, except signatures	(/2023 (MM/DD/YYYY)	🔀 20th day of January (Year-End report)	uant 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. 1. 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. 1. I certify that I have not have a political committee.	S OFFICE SOUGHT	
	Ending: (2/3	30th day following election (town or special)	tions during this reporting period	RESIDENTIAL ADDRESS (Street and Number)	PEC.
	OZ3 (MM/DD/YYYY)		pal Office. ny expenditures, or incurred any obliga	Signed under the penalties of perjury	SE LUDLOW SE LUDLOW OF LUDLOW
しいひしの心	Beginning: 0 (/0 //20	e) minary/primary	uant 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 expend 3. I certify that I do not have a political committee.	PRINT NAME Si	
City or Town of:	Reporting Period: E	Type of Report: (Check One) Sth day preceding preliminary/primary	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a cand: 2. I certify that I have not ro 3. I certify that I do not hav	DATE	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	R	CFIVE	
	TOWN	CLERK'S OFF	ICE
	2024	AN 12 A II	43
	10	N OF LUDLO	
	uses select a selection of		,
Line 10: Total Rece	ipts over \$50 (or listed above)	0	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Rece	ripts \$50 and under (not listed above)	B	should include only those receipts not itemized above.
Line 12: TOTAL F	RECEIPTS IN THE PERIOD	0	← 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 D. Attach additional pages as needed to report all expenditures. Please include the candidate of committee mame and a page number on each additional page.

			<u> Urriue</u>	,
D . D	To Whom Paid		h 194 (195 and 196	
Date Paid	(alphabetical listing)	Address Jal 12	Puzpese of Expenditure	Amount
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SCHEDULE B: EXPENDITURES (continued)

29452 10 Pages (10159)	To Whom Paid			(4)
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		RECEIVED TOWN CLERK'S OFFICE		
		20011	1	
		VAII 1 / A 11. 11		
		10WN OF LUDLOW		
Marketon La Company	Annale Dan Mar To 1989	Oller 2 Paper		
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		0
	de only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		0
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDITU	URES IN THE PERIOD	0

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. In 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 contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional pages.

Date Received		Residential Address	Description of Contribution	Value
		10WN OF LUDLO	W 3	
		i,		
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		B
	include them in time 10. Eme 17 and and only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTI	RIBUTIONS IN THE PERIOD	Ø

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	Address TO	RECEIPUEDOSE VH CLERK'S OFFICE	Amount
		2024	JAN 12 A 11: 43	
			WN OF LUDLOW	
				1
	k sma	- 44	_ [b]	-
				-
		Line 19: TOTAL OUTSTANI	NING HARWITES (ALL)	P

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.

	2021	JAN 12 A	JI: 43		
D.4. D.!.	Name and Address of Vendor		D		
Date Paid	(alphabetical listing required)	WAMount	Purpose of Expenditure		
	c (55%)				
		20			
	ed Out-Of-Pocket Expenditures Over \$50	O	* If you have out-of-pocket expenses of \$50		
			and under, include them in line 20. Line 21 should include only those expenditures not		
Line 21: Total Uniternized Out-Of-Pocket Expenditures \$50 and under (not listed above)					
under (not listed above	e)		itemized above.		
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			← Enter on page 1, line 8		