



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: 4/14/24
2024 MAY -1 P 12:51

Fill in Reporting Period dates: Beginning Date: 3/18/24 Ending Date: 4/14/24

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

Sarah F. Bowler
Candidate Full Name (if applicable)
School Committee
Office Sought and District
225 Teal Drive, Ludlow MA 01056
Residential Address
E-mail: S_bowler@ludlowsps.org
Phone #: 413-221-1161

Sarah Bowler for School Committee
Committee Name
Laura Tuck
Name of Committee Treasurer
225 Teal Drive, Ludlow MA 01056
Committee Mailing Address
E-mail: S-bowler@ludlowsps.org + lauratuck2003@yahoo.com
Phone #: 413-221-1161

SUMMARY BALANCE INFORMATION:

| | |
|--|-----------------------------|
| Line 1: Ending Balance from previous report | \$ 1065.00 |
| Line 2: Total receipts this period (page 3, line 12) | 0 |
| Line 3: Subtotal (line 1 plus line 2) | \$ 1065.00 |
| Line 4: Total expenditures this period (page 5, line 15) | \$ 980.70 |
| Line 5: Ending Balance (line 3 minus line 4) | \$ 84.30 |
| Line 6: Total in-kind contributions this period (page 6, line 18) | \$ 328.41 |
| Line 7: Total (all) outstanding liabilities (page 7, line 19) | |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | \$ 180.60 |
| Line 9: Name of bank(s) used: | Freedom CU + Berkshire Bank |

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: 4/24/24

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: Charles F. Bowler (Candidate's signature) Date: 4/24/24

SCHEDULE A: RECEIPTS

1.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 contribution to be a loan, enter the information on this schedule and on Schedule D 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.

RECEIVED
2024 MAY -1 P 12-51

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---------------|---|--------|---|
| | TOWN 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 TOWN CLERK'S OFFICE |
| | | | 2024 MAY -1 P 12:51 TOWN OF LUDLOW |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| Line 10: Total Receipts over \$50 (or listed above) | Ø |
| Line 11: Total Receipts \$50 and under (not listed above) | Ø |
| Line 12: TOTAL RECEIPTS IN THE PERIOD | Ø |

** If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*

← 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.

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|--|------------------------------|---|----------|
| 4/14/24 | Sarah Bowler | 205 Irlle Drive Ludlow MA | *loan reimbursement (signs) (2/28/24) | \$582.80 |
| 4/14/24 | Staples | Boston Rd Salem MA | Post card mailers (x100) *loan reimbursement (3/12/24) | \$180.60 |
| 3/20/24 | USPS | 83 Winsor St. Ludlow MA | Stamps | \$217.30 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

RECEIVED
 TOWN CLERK'S OFFICE
 2024 MAY - 1 P 12:51
 TOWN OF LUDLOW

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|--|---------|---------------------------------------|--------|
| | | | RECEIVED TOWN CLERK'S OFFICE | |
| | | | 2024 MAY -1 P 12:51 TOWN OF LUDLOW | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

| | |
|---|----------|
| Line 13: Expenditures over \$50 (or listed above) | \$980.70 |
| Line 14: Expenditures \$50 and under (not listed above) | — |
| Line 15: TOTAL EXPENDITURES IN THE PERIOD | \$980.70 |

Enter on page 1, line 4 →

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 page.*

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|---------------|---------------------|-------------------------------------|-----------------------------|----------|
| 3/15/24 | Laura Tuck | 117 Chapin St. Ludlow MA | banner | \$91.13 |
| 2/17/24 | Kelley DeEsobi | 385 Westery Cir. Ludlow MA 01056 | Custom signs | \$52.28 |
| 1/12/24 | Jeff Laing | 178 Parker Lane Ludlow MA 01056 | political signs + banner | \$185.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

RECEIVED
 TOWN CLERK'S OFFICE
 2024 MAY -1 P 12:51
 TOWN OF LUDLOW

* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.

| | |
|--|-----------------|
| Line 16: In-Kind Contributions over \$50 (or listed above) | \$328.41 |
| Line 17: In-Kind Contributions \$50 and under (not listed above) | — |
| Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD | \$328.41 |

Enter on page 1, line 6 →

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 | Purpose | Amount |
|---------------------------|-------------|---------|---|--------|
| | | | RECEIVED TOWN CLERK'S OFFICE 2024 MAY 1 P 12:51 | |
| | | | TOWN FUDLOW | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Enter on page 1, line 7 → | | | Line 19: TOTAL OUTSTANDING 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 |
|-----------|--|----------|--------------------------|
| 3/18/24 | Staples - Boston Rd, Springfield via Sarah Baizer 395 FALA DRIVE LUVERNA | \$180.60 | Postcard mailers (x1000) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

RECEIVED
 TOWN CLERK'S OFFICE
 2024 MAY -1 P 12:51
 TOWN OF LUVERNA

Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)

\$180.60

Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)

—

** If you have out-of-pocket expenses of \$50 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

\$180.60

← Enter on page 1, line 8

*Schedule E is not for ballot question committees



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

RECEIVED
TOWN CLERK'S OFFICE

2024 MAY -1 P 12:52

TOWN OF LUDLOW

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|-----------|--------------|----------------------------------|---|----------|
| 4/14/24 | Sarah Bowler | 205 Irwin Dr. Ludlow MA 01050 | Loan reimbursement Signs purchased 2/29/24 | \$582.80 |
| 4/14/24 | Sarah Bowler | 205 Irwin Dr. Ludlow MA 01050 | Loan reimbursement postcard reimbursement purchased 3/18/24 | \$180.60 |
| | | | | |
| | | | | |
| | | | | |

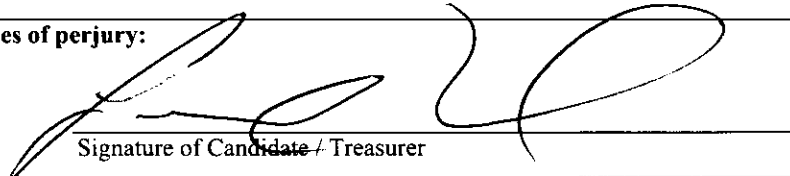
(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.

ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|---|-------------|----------------|------------------------|--------|
| | | | RECEIVED | |
| | | | TOWN CLERK'S OFFICE | |
| | | | 2024 MAY -1 P 12: 52 | |
| | | | TOWN OF LUDLOW | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Page 2 Total (add to Line 1 on Page 1): | | | | |