



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

RECEIVED  
TOWN CLERK'S OFFICE  
Beginning Date: 1/1/24  
2025 JAN -7 A 8:38

Ending Date:

12/31/24

Type of Report: (Check one)

- 8th day preceding preliminary  
  8th day preceding election  
  30 day after election  
  year-end report  
  dissolution

John Brian Urban  
Candidate Full Name (if applicable)

Board of Assessors  
Office Sought and District

320 Miller St. Ludlow MA  
Residential Address

E-mail: IMPALA95470@aol.com

Phone #: 413-531-2683

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone #:

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 15)	0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6, line 18)	0
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0
Line 9: Name of bank(s) used:	0

#### 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: 1/1/25

#### 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: \_\_\_\_\_ (Candidate's signature)

Date: 1/4/25



**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	
		2025 JAN - 7 A 8:38	
		TOWN OF LUDLOW	
Line 10: Total Receipts over \$50 (or listed above)			<p align="center"><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p>
Line 11: Total Receipts \$50 and under (not listed above)			
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>		0	









## 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		
		2025 JAN - 7 A 8:39 TOWN OF LUDLOW		
Enter on page 1, line 7 →			<b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	0

