

# 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: Beginning Date: 03/0	08/2025 Ending Date: 04/13/2025
Type of Report: (Check one)	2025 APR 22 P 4: 53
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☐ 8th day preceding preliminary ☐ 8th day preceding election	2 30 day after election 10 to year-end report dissolution
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Anthony Alves  Candidate Full Name (if applicable)	Committee to Elect Anthony Alves
Board of Selectmen	Committee Name  Marco Gomes
Office Sought and District	Name of Committee Treasurer
517 Ideal Lane Unit 402, Ludlow, MA, 01056	517 Ideal Lane Unit 402, Ludlow, MA, 01056
Residential Address	Committee Mailing Address
E-mail: amalves88@gmail.com	E-mail: electalves@gmail.com
Phone #: 413-636-5239	Phone # : 413-636-5239
SUMMARY BALANC	TE INFORMATION:
Line 1: Ending Balance from previous report	\$5,574.05
Line 2: Total receipts this period (page 3, line 12)	\$720
Line 3: Subtotal (line 1 plus line 2)	\$6,294.05
Line 4: Total expenditures this period (page 5, line 15	\$1,568.35
Line 5: Ending Balance (line 3 minus line 4)	\$4,725.70
Line 6: Total in-kind contributions this period (page 6	, line 18) \$198.46
Line 7: Total (all) outstanding liabilities (page 7, line	19) \$0
Line 8: Total out-of-pocket expenses this period (page	8, line 22) <b>\$0</b>
Line 9: Name of bank(s) used: Country Bank	
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the besactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind	
finance activity of all persons acting under the authority or on behalf of this committee in	1 01 1 1
Signed under the penalties of perjury:	(Treasurer's signature) Date: 4/17/25
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox enly)
Candidate with Committee	
I certify that I have examined this report including attached schedules and it is, to the	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag 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	ne hect of my knowledge and helief a true and complete statement of all compains
finance activity, including contributions, loans, receipts, expenditures, disbursement	ts, 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 the	- Ulalar
Signed under the penalties of perjury:	(Candidate's signature) Date: 7/17/25

#### **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 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.

	needed to report all receipts. Please include the can  Name and Residential Address	1	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
<b>3</b> /8/2025	Justin Afonso 63 Stivens Terrace Ludlow MA 01056	\$100.00	2025 APR 22
8/20/2025	Caitlin Alves Carver Street Unit #5 Worcester MA 01604	\$120.00	7075 APR 22 P 4 53
3/24/2025	Richard E. Neal Mass PAC 235 State Street Unit 204 Springfield MA 01103	\$200.00	Political Action Committee 1
3/20/2025	Beverly Tokarz 17 Woodside Road Ludlow MA 01056	\$100.00	

### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			PEOF VI
			2025 APR 22 P 4: 53
			TOWN OF LITE OF
	eipts over \$50 (or listed above)	\$520	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not
	eipts \$50 and under (not listed above)	\$200	itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD	\$720	← 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.

	To Whom Paid		F-1 - 1/20	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/20/2025	Big Y	2035 Boston Road,	Election Night Dinner	\$96.53
		Wilbraham, MA, 01095	2025 APR 22 ₱ 4:53	
3/26/2025	CK Strategies, LLC	11 Beacon Street, Suite	Robocall	\$100
		1125, Boston, MA, 02108		
\$/22/2025	Dunkin	# Harding Avenue,	Stand Out Refreshments	\$65.39
		Ludlow, MA, 01056		
4/4/2025	Primavera Restaurant	257 East Street, Ludlow,	Thank You Lunch	\$567.05
		MA 01056		
\$/21/2025	Randalis Farm		Raffle Donation	
1012112023	Nativalis Fatti	631 Center Street, Ludlow, MA, 01056	Name Donation	\$65.00
		Ladiow, IVIA, 01000		
3/17/2025	Turley Publications	24 Water Street,	Advertising	\$481.00
		Palmer, MA, 01069		
\$/12/2025	United States Postal	83 Winsor Street,	\$tamps	\$56.00
	Service	Ludlow, MA, 01056		
				C quantity in the second secon
	J1		<u> </u>	1

### **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		į	<b>10</b> 基本。	
			5 APR 22 P 1: 57	
			CWMORELLER	
	e itemized expenditures of \$50	Line 13: Expenditures over \$50 (or listed above)		\$1,430.97
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.		Line 14: Expenditures \$50 and under (not listed above)		\$137.38
		Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	\$1,568.35

### 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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
3/25/2025	Frank Quigley	12 High Pine Circle, Wilbraham, MA, 01095	Election Night Pizza	\$64.68
3/8/2025	Mary Jo Quigley	12 High Pine Circle, Wilbraham, MA, 01095	Stand Out Refreshments	\$69.39
3/15/2025	Mary Jo Quigley	12 High Pine Circle, Wilbraham, MA, 01095	Stand Out Refreshments	\$64.39
* 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)		\$198.46
		Line 17: In-Kind Contributions \$50 and under (not listed above)		\$0
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	\$198.46

## **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	
			7025 APR 22 P 4: 54 TOWN OF LILLIA	
			<b>*</b>	

## 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.

	Name and Address of Vendor	T	T Proper
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
			2025 APR 22 P 4: 54
			TC: A: SU
Line 20: Total Itemize (or listed above)	ed Out-Of-Pocket Expenditures Over \$50	\$0	* If you have out-of-pocket expenses of \$50
Line 21: Total Uniten	nized Out-Of-Pocket Expenditures \$50 and		and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed abov	e)	\$0	itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	\$0	← Enter on page 1, line 8