



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: Beginning Date: 01/01/2025 Ending Date: 03/07/2025

Type of Report: (Check one)

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

Joshua Carpenter

Candidate Full Name (if applicable)

Ludlow Planning Board

Office Sought and District

37 Paul Ave

Residential Address

E-mail: Josh@meadowfarms.com

Phone #: 413-626-0678

Carpenter for Ludlow

Committee Name

Ben Gagne

Name of Committee Treasurer

37 Paul Ave

Committee Mailing Address

E-mail: bgagne88@yahoo.com

Phone #: 413-330-3601

## SUMMARY BALANCE INFORMATION:

|                                                                    |                                  |
|--------------------------------------------------------------------|----------------------------------|
| Line 1: Ending Balance from previous report                        | <u>277.31</u>                    |
| Line 2: Total receipts this period (page 3, line 12)               | <u>0</u>                         |
| Line 3: Subtotal (line 1 plus line 2)                              | <u>277.31</u>                    |
| Line 4: Total expenditures this period (page 5, line 15)           | <u>0</u>                         |
| Line 5: Ending Balance (line 3 minus line 4)                       | <u>277.31</u>                    |
| Line 6: Total in-kind contributions this period (page 6, line 18)  | <u>0</u>                         |
| Line 7: Total (all) outstanding liabilities (page 7, line 19)      | <u>0</u>                         |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | <u>0</u>                         |
| Line 9: Name of bank(s) used:                                      | <u>Luso Federal Credit Union</u> |

### 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: Ben Gagne (Treasurer's signature)

Date: 3/8/2025

### 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: [Signature] (Candidate's signature)

Date: 3/08/2025

## SCHEDULE A: RECEIPTS

4.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 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.*

[illegible]

**SCHEDULE A: RECEIPTS (continued)**[illegible]

## 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.*

[illegible]

**SCHEDULE B: EXPENDITURES (continued)**[illegible]

## 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 |
|---------------|---------------------|---------------------|--------------------------------------------------|-------|
|               |                     |                     | RECEIVED<br>TOWN OF BOSTON<br>2025 MAR 18 A 9:31 |       |
|               |                     |                     | TOWN OF BOSTON                                   |       |
|               |                     |                     |                                                  |       |
|               |                     |                     |                                                  |       |
|               |                     |                     |                                                  |       |
|               |                     |                     |                                                  |       |
|               |                     |                     |                                                  |       |
|               |                     |                     |                                                  |       |
|               |                     |                     |                                                  |       |
|               |                     |                     |                                                  |       |
|               |                     |                     |                                                  |       |
|               |                     |                     |                                                  |       |
|               |                     |                     |                                                  |       |
|               |                     |                     |                                                  |       |

*\* 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.*

Enter on page 1, line 6 →

|                                                                  |   |
|------------------------------------------------------------------|---|
| Line 16: In-Kind Contributions over \$50 (or listed above)       |   |
| Line 17: In-Kind Contributions \$50 and under (not listed above) |   |
| Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD               | 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<br>TOWN OF LEBANON                  |        |
|                           |             |         | 2025 MAR 18 A 9 31<br>TOWN OF LEBANON        |        |
|                           |             |         |                                              |        |
|                           |             |         |                                              |        |
|                           |             |         |                                              |        |
|                           |             |         |                                              |        |
|                           |             |         |                                              |        |
|                           |             |         |                                              |        |
|                           |             |         |                                              |        |
|                           |             |         |                                              |        |
|                           |             |         |                                              |        |
|                           |             |         |                                              |        |
|                           |             |         |                                              |        |
|                           |             |         |                                              |        |
|                           |             |         |                                              |        |
| 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<br>(alphabetical listing required) | Amount | Purpose of Expenditure                                                                                                                                                                             |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
|                                                                                        |                                                               |        |                                                                                                                                                                                                    |
| Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50<br>(or listed above)      |                                                               |        | <p><i>* 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.</i></p> <p>← Enter on page 1, line 8</p> |
| Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above) |                                                               |        |                                                                                                                                                                                                    |
| Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD                                |                                                               | 0      |                                                                                                                                                                                                    |