

# 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: 3	3/14/2025 Ending Date: 4/18/2025
(Check one)	2025 APR 22 P 5: 11
Type of Report: (Check one)	on 🔲 30 day after election 🔲 year end report 🔝 dissolution
8th day preceding preliminary 8th day preceding election	in 150 day after election 1574, 444-64-65
Isabel Maria Soares	School Committee Candidate Isabel Soares
Candidate Full Name (if applicable)	Committee Name Robert Burek
School Committee Member, Ludlow	Name of Committee Treasurer
Office Sought and District 61 Lillian St. Ludlow, MA 01056	61 Lillian St. Ludlow, MA 01056
Residential Address	Committee Mailing Address
E-mail: isoares0781@gmail.com	E-mail: isoares0781@gmail.com
Phone #: 413-519-1341	Phone #: 413-519-1341
Priorie #:	
SUMMARY BALA	ANCE INFORMATION:
	694.24
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)	794.24
Line 4: Total expenditures this period (page 5, line	e 15) 294.98
Line 5: Ending Balance (line 3 minus line 4)	499.26
Line 6: Total in-kind contributions this period (page	ge 6, line 18) 0
Line 7: Total (all) outstanding liabilities (page 7, l	line 19) 0
Line 8: Total out-of-pocket expenses this period (p	
Country Do	
Line 9: Name of bank(s) used:	<u> </u>
activity, including all contributions, loans, receipts, expenditures, disoursements, in finance activity of all persons acting under the atmosphy or on behalf of this commit Signed under the penalties of perjury:	(Treasurer's signature)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (chec	ck 1 box only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report.	s, to the best of my knowledge and belief, a true and complete statement of all campaign finance to in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, porting 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 finance activity, including contributions, loans, receipts, expenditures, disburst campaign finance activity of all persons acting under the authority or on behalf	s, to the best of my knowledge and belief, a true and complete statement of all campaign sements, in-kind contributions and liabilities for this reporting period and represents the left of this candidate in accordance with the requirements of M.G.L. c. 55.
campaign finance activity of all persons acting under the authority of on behalf	OCNO (Candidate's signature)  Date: 4/19/2025

#### SCHEDULE A: RECEIPTS

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 at. 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 3 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 ords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions revived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. ach 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)
3/17/2025	John R. Diggs Jr. 134 Ludlow St. Belchertown, MA 01007	100.00	2025 APR 22 ₽ 5:11
			TOWN OF LOLL 18

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(uspanos and a second s		
			RECEIVEL
			Rosels Company of the
			2025 APR 22 ₽ 5:11
			TOWN OF Lote ton
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		<u> </u>	
		100.00	* If you have itemized receipts of \$50 and
		100.00	under, include them in line 10. Line 11 should include only those receipts not
Line 11: Total Rec	eipts \$50 and under (not listed above)		itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD	100.00	← 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
3/15/2025	Ludlow Central Bakery	270 East St. Ludlow, MA 01056	Pastries for Standout	24.91
3/15/2025	Dunkin Donuts	4 Harding Ave Ludlow, MA 01056	Coffee for Standout	22.46
3/19/2025	Numinar	1201 Wilson Rd. Arlington, VA 22209	Base Subscription	5.00
3/22/2025	Dunkin Donuts	4 Harding Ave Ludlow, MA 01056	Coffee for Standout	22.46
3/22/2025	Ludlow Central Bakery	270 East St. Ludlow, MA 01056	Pastries for Standout	49.92
3/24/2025	Dunkin Donuts	4 Harding Ave Ludlow, MA 01056	Coffee for Standout	14.08
4/2/2025	MASS GOP	85 Merimac St. Boston, MA 02114	Donation	156.15
	S APR 2			
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## SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address		
			E. D. Commun.	
			2025 APR 22 P	<b>  </b>
				<del>                                    </del>
			TOWN OF LOS	1
				]
		<u> </u>		156 15
* If you hav	e itemized expenditures of \$50	Line 13: Expenditures ove	r \$50 (or listed above)	156.15
and under, in should inclu	nclude them in line 13. Line 14 de only those expenditures not	Line 14: Expenditures \$50	and under (not listed above)	138.83
itemized above.			NDITURES IN THE PERIOD	294.98

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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 dition, 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 d 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 cords 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	or committee name and a-page number or From Whom Received*		Description of Contribution	Value
			PR 22 P 5: 11	
		ĬÜ.	WN OF Location	
* 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)		
		Line 17: In-Kind Contributions \$50		
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONTI	RIBUTIONS IN THE PERIOD	

### 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
			2025 APR 22 ₽ 5:	
			TOWN OF LOLLS ON	
				<u></u>
			ANDING 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		2025phirpose of Expenditure	
Date Faid	(alphabetical isting required)	Amount	Tours	
			TOWN OF LUIL BY	
			<u> </u>	
			<u> </u>	
			] [	
	]			
Line 20: Total Itamicae	Out Of Pocket Expenditures Over \$50		***************************************	
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21		
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			should include only those expenditures not itemized above.	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			← Enter on page 1, line 8	