

City or Town of:

## Form CPF M 102-0: Campaign Finance Report Municipal Form

Please print or type all information, except signatures.

Office of Campaign and Political Finance

City or Town of:	HUDSON			Please print or type all information, except signature.
Reporting Period:	Beginning: January 1, 202	2 (MM/DD/YYYY)	Ending: December 31, 2	
Type of Report: (Chec	ck One)	(WINDD/TTTT)		(MM/DD/YYYY)
8th day preceding	preliminary/primary	ny preceding election 30th day follow	ing election (town or special)	20th day of January (Year-End report)
2. I certify that I h	on a candidate for or currently hold	Municipal Office	The second secon	and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
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