

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

P:11 : 2	D 111					y or Town Clerk	k or Electi	on Commission
Fill in R	Reporting Period dates: Beginning Date: 3	anua	ry 1, 2022	Ending	Date: Ap	oril 22, 2022		
Type of	Report: (Check one)							
1	ay preceding preliminary    8th day preceding election	n	☐ 30 day	after election	☐ year-	end report	dis	solution
Judy Cong	gdon		Commit	tee to Elect Jud	v Congdon			
	Candidate Full Name (if applicable)	-	-	tee to Elect Jud	Committee	Name		
Hudson S	Selectboard, Hudson, MA		Amy Peterson					
	Office Sought and District		Name of Committee Treasurer					
25 Pierce	St., Hudson, MA 01749		52 Marlboro Rd. Berlin, MA 01503					
L	Residential Address			С	ommittee Mail	ing Address		
E-mail:	jacongdon13@comcast.net	_	E-mail:	ar	nylynnpeter	rson@verizor	n.net	
Phone # (opt	tional):	_	Phone # (c	optional):				
	SUMMARY BALA	NCI	FINEOI	DMATION.				
	SOMMANT DALLA	1101	INTO	MIATION:			_	
	Line 1: Ending Balance from previous report						0	
	Line 2: Total receipts this period (page 3, line	11)				67	5	
	Line 3: Subtotal (line 1 plus line 2)					67	5	
	Line 4: Total expenditures this period (page 5, lin					345.0		
	Line 5: Ending Balance (line 3 minus line 4)					329.9	3	
	Line 6: Total in-kind contributions this period (pa							
	Line 7: Total (all) outstanding liabilities (page 7)					(	0	
Line 8: Name of bank(s) used: Main Street Bank								
Affidavit of C	Committee Treasurer:							
I certify that I activity, including Sinance activity	have examined this report including attached schedules and it is, to the ding all contributions, loans, receipts, expenditures, disbursements, in-k ty of all persons acting under the authority or on behalf of this committee	ind co	ntributions a	nd liabilities for this	reporting peri	od and represen 5.	ts the can	paign
	the penalties of perjury:			(Treasurer's	signature)	Date: 05	/02/202	22
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)								
I certify the	te with Committee hat I have examined this report including attached schedules and it is, to of all persons acting under the authority or on behalf of this committee i any liabilities nor made any expenditures on my behalf during this report	n acco	rdance with	the requirements of	M.G.L. c. 55	I have not recei	of all can ived any c	npaign finance ontributions,
I certify the	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.							
igned under	the penalties of perjury:	7		(Candidate's	signature)	Date:	ر ۵ / ۵	1 x O d2

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)
2/7/2022	Judy Congdon, 25 Pierce St., Hudson, MA 01749	100	(101 CONCINUATIONS OF \$200 OF MOTE)
3/31/2022	Monica Freitas 55 Washington St., Hudson, MA 01749	50	
3/31/2022	Hudson Firefighters Local 1713 PO Box 133, Hudson, MA 01749	500	Firefighter Loan Union 1713 - endorse Candidate Hudson, MA
Line 9: Total Receipts over \$50 (or listed above) 650			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD 675			← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	mittee name and a page number on			
Date Paid	D. SAND MARKINGSON				
Date Faid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
April 8, 2022	Chad Crogan Photography DBA Signs 365	2 Kattail Rd., Hudson, MA 01749	Yard Signs	344.5	
		Line 12: Total Expenditures ove	er \$50 (or listed above)	344.5	
		Line 13: Total Expenditures \$50	and under* (not listed above)	0.57	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	345.07	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

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

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount	
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)					