



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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APR 28 2021
HUDSON TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Candidate Full Name (if applicable)

Office Sought and District

Residential Address
Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="930.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="930.00"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="881.88"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="48.12"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Avidia"/>

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: _____ (Treasurer's signature) Date:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the 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.

Candidate without Committee OR Candidate with independent activity filing separate report
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 committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: (Candidate's signature) Date:

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)
2/23/21	MIKE ANDRADE 6 MACKIN ST HUDSON	\$ 50	
2/23/21	KELLY ANDRADE 6 MACKIN ST HUDSON	\$ 50	
3/3/21	FRANK ARBOUR 34 PIANI AVE HUDSON	\$ 50	
3/3/21	TAMMY ARBOUR 34 PIANI AVE HUDSON	\$ 50	
3/1/21	MIKE BEIRNE 219 SOUTH ST BERLIN	\$ 50	
3/1/21	LIZ BEIRNE 219 SOUTH ST BERLIN	\$ 50	
3/3/21	CHARLIE CHARBONEAU 5 HEARTHSTONE DR HUDSON	\$ 20	
3/1/21	DICKIE CONSTANTINE 33 LINCOLN ST HUDSON	\$ 40	
3/1/21	JOE DEMARCO 23 RICHARDSON RD HUDSON	\$ 20	
3/1/21	DOUG FARRAR 25 OLD NORTH RD HUDSON	\$ 20	
3/1/21	JOE FIORELLO 12 FARMENTER RD HUDSON	\$ 40	
3/1/21	JOE GOULD 15 RICHARD RD HUDSON	\$ 40	
Line 9: Total Receipts over \$50 (or listed above)		480	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		480	← Enter on page 1, line 2

* 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/1/21 2/23/21	Doug Leblanc 71 Blanchette Dr Marlboro	\$40	
2/23/21	Andrew McCarthy 15 Maxwell Circle Hudson	\$50	
2/23/21	Lisa McCarthy 15 Maxwell Circle Hudson	\$50	
3/1/21	Rob Melendez 2509 Matrix way Hudson	\$50	
3/1/21	Bennett Morse 18 Rolling lane Hodson	\$40	
3/1/21	Jeff Morse 18 Rolling lane Hodson	\$40	
3/1/21	Ed Rego Houghton St Hodson	\$20	
3/1/21	Jay Rossley 49 Southville Rd Southboro	\$20	
3/1/21	Greg Smith 66 Waltham St Maynard	\$50	
3/1/21	Laura Smith 66 Waltham St Maynard	\$50	
3/1/21	Jay Valera 149 Avon St Leominster	\$20	
3/1/21	Justin VEO 15 Sawteele Rd Leominster	\$20	
Line 9: Total Receipts over \$50 (or listed above)		450	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		450	← Enter on page 1, line 2

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

