

# Form CPF M 102: Campaign Finance Report JUN 07 2022 **Municipal Form**

Office of Campaign and Political Finance

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HUDSON TOWN CLERK

OI MASSACIJUSCIUS	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: April 2	22, 2022 Ending Date: June 7, 2022
Type of Report: (Check one)	
	☑ 30 day after election ☐ year-end report ☐ dissolution
Judy Congdon	Committee to Elect Judy Congdon
Candidate Full Name (if applicable)	Committee Name
Hudson Selectboard, Hudson, MA Office Sought and District	Array Peterson Name of Committee Treasurer
25 Pierce St., Hudson, MA 01749	52 Mariboro Rd. Berlin, MA 01503
Residential Address	Committee Mailing Address
E-mail jacongdon13@comcast.net	E-mail: amylynnpeterson@verlzon.net
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	329.93
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	329.93
Line 4: Total expenditures this period (page 5, line	ne 14) 0
Line 5: Ending Balance (line 3 minus line 4)	329.93
Line 6: Total in-kind contributions this period (page	
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Main Street Bank	
Affidavit of Committee Treasurer:  [ certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions of this committee in a finance activity of all persons acting under the authority or on behalf of this committee in a finance activity of all persons acting under the authority of all persons acting under the penalties of perjury:  Signed under the penalties of perjury:	(Treasurer's signature) Date: 05 (07 (200)
FOR CANDIDATE FILINGS OFFICE And the street schedules and it is, to the	Cost of my knowledge and buttle
activity, of all personal activity, of all personal activity, of all personal activity and liabilities nor made any expenditures	s best of my knowledge and belief, a true and complete statement of all campaign finance contains with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
Candidate without Committee  Candidate without Committee  1 certify that I have examined this report including attached achedules and it is, to the 1 certify that I have examined this report actions, including contributions, including entributions, including entributions, including under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this  Signed under the penalties of perjury:	bost of my knowledge and belief, a true and complete

#### **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.)

	lease include your committee name and a page number on each		Occupation & Employer (for contributions of \$200 or more)	
Date Received	(alphabetical listing required)	Amount	(for contributions of 3200 of more)	
L				
ine 9: Total Receip	ts over \$50 (or listed above)	0		
	ots \$50 and under* (not listed above)	0		
	ECEIPTS IN THE PERIOD	0	← 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 M.G.L. c. 35 requires communees 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 Please include your committee name and a nage number on each nage.)

	To Whom Paid	Adduss	Purpose of Expenditure	
Date Paid	(alphabetical listing)	Address	Furpose of Expenditure	Amount
111				
		II II		
111				
H				
111				
1.		Line 12: Total Expenditures ove	r \$50 (or listed above)	
		In the Property of the second	and under* (mat lists 3 -1 )	
		Line 13: Total Expenditures \$50		
		Line 14: TOTAL EXPENDITU		

<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

Page 4 above.

## 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		
		Line 16: In-Kind Contributions 3	650 & under (not listed above)	
	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.

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### **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
		Line 18: TOTAL OUTSTAND		