

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: Apr	il 25, 2017 Ending Date: January 22, 2018		
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ⊠ year-end report ⊠ dissolution		
Deidra Maria Thompson Candidate Full Name (if applicable) Town Clerk, Hampden County	Committee to Elect Deidra Thompson Committee Name Vincent Albert Thompson Name of Committee Treasurer		
Office Sought and District 33 Wilno Avenue, Ludlow, MA 01056	33 Wilno Avenue, Ludlow, MA 01056		
Residential Address	Committee Mailing Address		
E-mail: deedeet40@yahoo.com	E-mail: poppop7879@yahoo.com		
Phone # (optional): (413) 313-6810	Phone # (optional): (413) 313=2149		
	ICE DECOMATION		
Line 1: Ending Balance from previous report	ICE INFORMATION:		
Line 2: Total receipts this period (page 3, line 1			
Line 3: Subtotal (line 1 plus line 2)	25		
Line 4: Total expenditures this period (page 5, l	ine 14) 25		
Line 5: Ending Balance (line 3 minus line 4)	0		
Line 6: Total in-kind contributions this period (page 6)		
Line 7: Total (all) outstanding liabilities (page 7	7) 0		
Line 8: Name of bank(s) used: Westfield Bank f/l	k/a Chicopee Savings Bank		
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the b activity, including all contributions, loans, receipts, expenditures, disbursements, in-kir finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury:	ad contributions and liabilities for this reporting period and represents the campaign		
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 activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period.		
Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the		
Signed under the penalties of perjury:	(Candidate's signature) Date: January 22, 2018		

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)
			N
			声 词图
ine 9: Total Receip	pts over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	0	Enter on page 1, line 2

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.)

Date Paid	ditures. Please include your common To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/22/2018	Shriners Hospitals for Children	2900 Rocky Point Drive Tampa, FL 33607	Donation of remaining money from my campaign contribution	25
		3	22.7	
	J L	Line 12: Total Expenditures over \$50 (or listed above)		
· .		Line 13: Total Expenditures	s \$50 and under* (not listed above)	
	Enter on page 1. line 4 →	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	2

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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