



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: April 23, 2022 Ending Date: May 29, 2022

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Mark L. Love	
Candidate Full Name (if applicable)	
Selectboard	Office Sought and District
313 Richards Ave	
Residential Address	
E-mail:	mlove@mla-cpa.com
Phone # (optional):	508-944-5290

Committee Name	
Name of Committee Treasurer	
Committee Mailing Address	
E-mail:	
Phone # (optional):	

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	884.36
Line 3: Subtotal (line 1 plus line 2)	884.36
Line 4: Total expenditures this period (page 5, line 14)	884.36
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Webster Five Cents Savings Bank

### 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

☐ 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 that are not otherwise disclosed in this report.

#### 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.

Signed under the penalties of perjury: Mark L. Love (Candidate's signature) Date: June 8, 2022

## 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)
4/29/2022	Mark L. Love 313 Richards Ave Paxton, MA	413.36	CPA M Love & Associates, LLC
5/18/2022	Mark L. Love 313 Richards Ave Paxton, MA	296.00	CPA M Love & Associates, LLC
5/18/2022	Mark L. Love 313 Richards Ave Paxton, MA	175.00	CPA M Love & Associates, LLC
Line 9: Total Receipts over \$50 (or listed above)		884.36	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		0	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>884.36</b>	

\* 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)
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

\* 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/29/2022	Signarama	456 Grove Street Worcester, MA	Lawn signs	413.36
5/18/2022	Quality Graphics	PO Box 45250 Somerville, MA	Collateral pieces	296.00
5/18/2022	Mark LaCroix	2422 Barre Road Wheelwright, MA	Design work	175.00
Line 12: Total Expenditures over \$50 (or listed above)				844.36
Line 13: Total Expenditures \$50 and under* (not listed above)				0
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>844.36</b>

884.36  
LB

884.36  
LB

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

**SCHEDULE B: EXPENDITURES (continued)**[illegible]

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

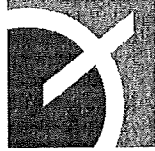
[illegible]

\* 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.

## 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
<b>Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				<b>0</b>



**QUALITY GRAPHICS INC.**  
Parent Company of Atlas Press  
P.O. Box 45250 • Somerville, MA 02145-2101  
Tel (617)440-6688 • Fax (617)440-6698

## INVOICE

REMITTANCE STUB  
Quality Graphics, Inc.

04/20/22  
Invoice date

Customer #  
790134  
Job #  
160665

S O L D T O  
Mark Love  
313 Richards Ave  
Paxton, MA 01612

S H I P T O  
Via UPS

Mark Love  
313 Richards Ave  
Paxton, MA 01612

Invoice # 152823  
Order # 160665  
Job #

M Love & Associates LLC

Customer

Customer # 790134  
790 4P Salesperson

Unit	Customer po #	Salesperson	Order date	Invoice date	Date shipped	Invoice #
0	790	Atlas Press	04/19/22	04/20/22	04/07/22	152823

Ordered	Shipped	Qty	BO	Item #	Description	Price	Per	Amount
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600		FLYER			VOTE MARK LOVE- FLYERS	260.000		260.00
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Deduct 2.60 if paid by 04/30/22

Terms 1/10 Net 30	260.00	0.00	19.75	16.25	296.00
	Sub-total	Insurance	Shpg/Hdlg	Sales tax	Total

Total due 296.00

PROMPT PAY DISCOUNT DISALLOWED IF PAYING BY VISA/MC

CUSTOMER INVOICE

Deduct 2.60 if paid by 04/30/22



Mark LaCroix  
P.O. Box 61  
2422 Barre Road  
Wheelwright, MA 01094  
413-477-6494

# Invoice

To: Mark L. Love  
313 Richards Avenue  
Paxton, MA 01612-1117  
508-797-5200

Invoice Number: 52022-1

Attention  
Of: Mark Love

Invoice Date	Date Delivered	P.O. Number	Terms
May 16, 2022	See Below	Mark	net 15 days
Hours	Description	Unit Price	Total
3.5	Design of collateral for Mark Love for Selectboard campaign - consisting of Lawn Signs and Handout	50.00	175.00
		<b>Total Amount Due:</b>	<b>\$175.00</b>

**TERMS:** The basic hourly rate applies to design and development work. Although the subjective nature of design does not permit us to give firm quotes, we are glad to provide a written estimate of projected project costs. We recognize the need for budget control, and we will provide verbal or written reports on time as the project progresses. Billable time on design projects includes all time spent directly on the project, including: project research and development, client consultations, design work, revisions, proof output, coordinating with sub-contractors (if requested), and communications (phone, email, and in person). Billable time may also include travel time to client's location or other location associated with the job, as required. Contingency costs cover elements of the project not covered by the contract and may include: 1) Rush charges for projects with quick deadlines 2) Charges for delayed payment (See payment terms) 3) Charges for changes to the project outside the parameters agreed upon. Liability is limited to the cost of this invoice for the project.

**PAYMENT TERMS:** All invoices are due and payable upon receipt and must be paid UPON COMPLETION of project, unless otherwise specified in the contract. A penalty for late payment will be assessed as follows: 1.5% of unpaid balance per month overdue.



456 Grove St Rear  
Worcester, MA 01605  
(508) 459-9731

**PAID  
IN  
FULL**

# INVOICE

## INV-6694

Payment Terms: Cash Customer

Created Date: 4/28/2022

**DESCRIPTION:** Reorder: Yard Signs

**Bill To:** Mark Love  
456 Grove St  
Worcester, MA 01605  
US

**Pickup At:** Signarama Worcester  
456 Grove St Rear  
Worcester, MA 01605  
US

**Ordered By:** Mark Love  
Email: mlove@mla-cpa.com

**Salesperson:** Katie Cove  
Email: info@signaramaworcester.com

NO.	Product Summary	QTY	UNIT PRICE	TAXABLE	AMOUNT
1	Coroplast - D/S Direct Print - 24" x 18"	24	\$14.00	\$336.00	\$336.00
1.1	Yard Sign 24" x 18" D/S Direct Print - Part Qty: 1				
2	H-Stakes	24	\$2.21	\$53.04	\$53.04
2.1	Step Stake - Part Qty: 1				
Subtotal:					\$389.04
Taxable Amount:					\$389.04
Taxes:					\$24.32
Grand Total:					\$413.36
Amount Paid:					\$413.36
BALANCE DUE:					\$0.00

TRANSACTIONS		
Date	Type	Amount
4/28/2022	Visa (Offline) - 6824	\$413.36

Note: Orders with balance due will be billed when product is ready for pick up. Orders with an install will be billed one day prior to the date scheduled. If the card is declined, customer can arrange to pay our installer on site. Balance must be paid same day unless other arrangements are made and approved by Signarama Worcester. This does not apply to customers with approved terms.