



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: January 1, 2022 Ending Date: April 22, 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., Paxton, MA	Residential Address
E-mail: mlove@mla-cpa.com	
Phone # (optional): 508-944-5290	

n/a	Committee Name
n/a	Name of Committee Treasurer
n/a	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)	1972.43
Line 3: Subtotal (line 1 plus line 2)	1972.43
Line 4: Total expenditures this period (page 5, line 14)	1972.43
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)	260.00
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: May 1, 2022



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of Massachusetts

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Mark L. Love

Candidate Full Name (if applicable)

Selectboard

Office Sought and District

313 Richards Ave., Paxton, MA

Residential Address

E-mail: mlove@mla-cpa.com

Phone # (optional): 508-944-5290

n/a

Committee Name

n/a

Name of Committee Treasurer

n/a

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)

1972.43

Line 3: Subtotal (line 1 plus line 2)

1972.43

Line 4: Total expenditures this period (page 5, line 14)

1972.43

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)

260.00

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: May 1, 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)
April 6, 2022	Mark L. Love 313 Richards Ave Paxton, MA	688.50	CPA M Love & Associates, LLC
April 11, 2022	Mark I. Love 313 Richards Ave Paxton, MA	595.00	CPA M Love & Associates, LLC
April 14, 2022	Mark L. Love 313 Richards Ave Paxton, MA	688.93	CPA Move & Associates, LLC
Line 9: Total Receipts over \$50 (or listed above)		1972.43	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1972.43	

* 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
4/6/2022	Signarama	456 Grove Street Worcester, MA	Lawn signs	688.50
4/11/2022	Signarama	456 Grove Street Worcester, MA	Lawn signs	595.00
4/14/2022	Signarama	456 Grove Street Worcester, MA	Lawn signs	688.93
Line 12: Total Expenditures over \$50 (or listed above)				1972.43
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1972.43

Enter on page 1, line 4 →

* 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Expenditures over \$50 (or listed above)	
			Line 13: Expenditures \$50 and under* (not listed above)	
<div style="text-align: right;">Enter on page 1, line 4 →</div>			Line 14: TOTAL EXPENDITURES IN THE PERIOD	

* 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-Kind Contributions over \$50 (or listed above)	0
			Line 16: In-Kind Contributions \$50 & under (not listed above)	0
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

* 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
4/20/2022	Quality Graphics	P.O. Box 45250 Somerville, MA	Promotional flyer	260.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	260.00

**PAID
IN
FULL**

**INVOICE
INV-6585**

Completed Date: 4/7/2022
Payment Terms: Cash Customer
Payment Due Date: 4/7/2022

Created Date: 4/5/2022

DESCRIPTION: 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"	40	\$14.00	\$560.00	\$560.00
1.1	Yard Sign 24" x 18" D/S Direct Print - Part Qty: 1				
2	H-Stake	40	\$2.20	\$88.00	\$88.00
2.1	Step Stake - Part Qty: 1				
Subtotal:					\$648.00
Taxable Amount:					\$648.00
Taxes:					\$40.50
Grand Total:					\$688.50
Amount Paid:					\$688.50
BALANCE DUE:					\$0.00

TRANSACTIONS		
Date	Type	Amount
4/5/2022	Visa (Offline) - 6824	\$688.50

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.

**PAID
IN
FULL**

**INVOICE
INV-6604**

Completed Date: 4/8/2022
Payment Terms: Cash Customer
Payment Due Date: 4/8/2022

Created Date: 4/8/2022

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"	40	\$14.00	\$560.00	\$560.00
1.1	Yard Sign 24" x 18" D/S Direct Print - Part Qty: 1				

Subtotal:	\$560.00
Taxable Amount:	\$560.00
Taxes:	\$35.00
Grand Total:	\$595.00
Amount Paid:	\$595.00
BALANCE DUE:	\$0.00

TRANSACTIONS		
Date	Type	Amount
4/8/2022	Visa (Offline) - 6824	\$595.00

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.



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

**PAID
IN
FULL**

**INVOICE
INV-6626**

Completed Date: 4/15/2022
Payment Terms: Cash Customer
Payment Due Date: 4/15/2022

Created Date: 4/13/2022

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@mmla-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"	40	\$14.00	\$560.00	\$560.00
1.1	Yard Sign 24" x 18" D/S Direct Print - Part Qty: 1				
2	H-Stakes	40	\$2.21	\$88.40	\$88.40
2.1	Step Stake - Part Qty: 1				

Subtotal:	\$648.40
Taxable Amount:	\$648.40
Taxes:	\$40.53
Grand Total:	\$688.93
Amount Paid:	\$688.93
BALANCE DUE:	\$0.00

TRANSACTIONS		
Date	Type	Amount
4/13/2022	Visa (Offline) - 6824	\$688.93

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.

508-831-0331



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

Mark Love
313 Richards Ave
Paxton, MA 01612

Via UPS

M Love & Associates LLC
Customer

Invoice # 152823
Order # 160665
Job #

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

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