

# 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 De	ate: 04/01/2025 Ending Date: 05/07/2025
Type of Report: (Check one)	
Sth day preceding preliminary 8th day preceding	ng election 2 30 day after election year-end report dissolution
Alisa Skatrud	Committee to Elect Alisa Skatrud
Candidate Full Name (if applicable) School Committee - Needham	Committee Name Emma Navales
Office Sought and District 49 Sargent Street, Needham, MA 02492	Name of Committee Treasurer 49 Sargent Street, Needham, MA 02492
Residential Address E-mail: alisaskatrud@gmail.com	Committee Mailing Address E-mail: Votealisa@gmail.com
Phone #: 617-416-5023	Phone #: 617-416-5023
SUMMARY	Y BALANCE INFORMATION:
Line 1: Ending Balance from previous re	
Line 2: Total receipts this period (page 3	
Line 3: Subtotal (line 1 plus line 2)	920.76
Line 4: Total expenditures this period (page 1)	age 5, line 15) 920.76
Line 5: Ending Balance (line 3 minus lin	ne 4) 0
Line 6: Total in-kind contributions this p	period (page 6, line 18)
Line 7: Total (all) outstanding liabilities	
Line 8: Total out-of-pocket expenses this	
Line 9: Name of bank(s) used:	Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules ar activity, including all contributions, loans, receipts, expenditures, disbur finance activity of all persons acting under the authority or on behalf Signed under the penalties of perjury:	nd it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance recements, in-kind contributions and liabilities for this reporting period and represents the campaign that the inaccordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candid	date: (check 1 box only)
activity, of all persons acting under the authority or on behalf of thi	eles and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance is committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, uring this reporting period that are not otherwise disclosed in this report.
finance activity, including contributions, loans, receipts, expenditus	eles and it is, to the best of my knowledge and belief, a true and complete statement of all campaign res, disbursements, in-kind contributions and liabilities for this reporting period and represents the or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.  Date:
Sent man im benining at heilarly	(Candidate's signature)



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission 05/07/2025 **Ending Date:** Beginning Date: 04/01/2025 Fill in Reporting Period dates: Type of Report: (Check one) year-end report M dissolution 30 day after election 8th day preceding preliminary 8th day preceding election Committee to Elect Alisa Skatrud Alisa Skatrud Committee Name Candidate Full Name (if applicable) **Emma Navales** School Committee - Needham Name of Committee Treasurer Office Sought and District 49 Sargent Street, Needham, MA 02492 49 Sargent Street, Needham, MA 02492 Committee Mailing Address Residential Address E-mail: alisaskatrud@gmail.com E-mail: votealisa@gmail.com Phone #: 617-416-5023 Phone #: 617-416-5023 **SUMMARY BALANCE INFORMATION:** 920.76 Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 12) 920.76 Line 3: Subtotal (line 1 plus line 2) 920.76 Line 4: Total expenditures this period (page 5, line 15) 0 Line 5: Ending Balance (line 3 minus line 4) 0 Line 6: Total in-kind contributions this period (page 6, line 18) Line 7: Total (all) outstanding liabilities (page 7, line 19) 0 Line 8: Total out-of-pocket expenses this period (page 8, line 22) TD Bank Line 9: Name of bank(s) used: **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. Date: Signed under the penalties of perjury: (Treasurer's signature) 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 activity under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55. Date: Signed under the penalties of perjury: (Candidate's signature)

#### SCHEDULE A: RECEIP 15

G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar tr. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. ach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

en accumonar pages as n	name and a page number on each additional page.  Occupation & Employer		
Date Received	Name and Residential Address (alphabetical listing required)	Amount	(for contributions of \$200 or more)
		<u> </u>	

### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Rec	eipts over \$50 (or listed above)	o	* If you have itemized receipts of \$50 and
Line 11: Total Rec	reipts \$50 and under (not listed above)	0	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
05/07/25	Alisa Skatrud	49 Sargent Street, Needham	Repayment of loan for signs	700
05/07/25	Hilary Bruel	87 Thornton Road	Reimbursement for Fedex In Kind donation	117.40
			AMENDING IN KIND CONATION TO 28-11	
				1

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faid	(aiphabettai nsting)	Address	Turpose of Expenditure	Timount
			L	
	,			
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		817.40
should includ	should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)			103.36
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD				920.76

#### SCHEDULE C: "IN-MIND" CONTRIBUTIONS

G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In dition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 d less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and cords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions seived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please stude the candidate or committee name and a-page number on each additional pages.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	_			
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		0
should inclu	ide only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	0

### **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				ĺ
		Line 19: TOTAL OUTSTANI		0

### SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
(or listed above)	ed Out-Of-Pocket Expenditures Over \$50 mized Out-Of-Pocket Expenditures \$50 and	0	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
	OF-POCKET EXPENDITURES IN THE PERIOD	0	Enter on page 1, line 8  Page 8