

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusens	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 1/1/	Ending Date: 3/21/2025			
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution			
VIKRAM KAUL	Vikram Kaul For Select Board			
Candidate Full Name (if applicable) SELECT BOARD	Committee Name HEMANT CHOWDHARY			
Office Sought and District 63 Tudor Road, Needham, MA 02492-4309	Name of Committee Treasurer 63 Tudor Raod, Needham, MA 02492-4309			
Residential Address E-mail: VikramKaul@Yahoo.com	Committee Mailing Address E-mail: Hemant_LSU@Yahoo.co.in			
Phone #: 781-444-4143	Phone #: 225-819-7659			
CHANA A DAY DAY ANY				
SUMMARY BALANC	CE INFORMATION:			
Line 1: Ending Balance from previous report	\$ 0.00			
Line 2: Total receipts this period (page 3, line 12)	\$ 6000.00			
Line 3: Subtotal (line 1 plus line 2)	\$ 6000.00			
Line 4: Total expenditures this period (page 5, line 15)	\$ 703.67			
Line 5: Ending Balance (line 3 minus line 4)	\$ 5296.33			
Line 6: Total in-kind contributions this period (page 6,	line 18) \$ 0			
Line 7: Total (all) outstanding liabilities (page 7, line 1	9) \$0			
Line 8: Total out-of-pocket expenses this period (page	8, line 22) \$ 630.34			
Line 9: Name of bank(s) used: Needham Bank				
Affidavit of Committee Treasurer: I 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 finance activity of all persons acting under the authority or on thalf of this committee FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I bo Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the	accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 03/31/2025			
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority of on hehalf of this	period that are not otherwise disclosed in this report. best of my knowledge and belief, a true and complete statement of all campaign			
Signed under the penalties of perjury:	(Candidate's signature)			

SCHEDULE A: RECEIPTS

M.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 year. 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 of \$50 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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Data D	Name and Residential Address	name and a page number on each additional page. Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
02/25/2025	Vikram Kaul; 63 Tudor Road, Needham, MA 02492	\$ 1000.00	Investment Management; Self-Employed
03/14/2025	Vikram Kaul; 63 Tudor Road, Needham, MA 02492	\$ 5000.00	Investment Management; Self-Employed

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ine 10: Total Receip	pts over \$50 (or listed above)	\$ 6000.00	* If you have itemized receipts of \$50 and
	ots \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not itemized above.
ine 12: TOTAL R	ECEIPTS IN THE PERIOD	\$ 6000.00	

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
3/04/2025	Domino's (3145)	240 Chestnut Street, Needham, MA	Volunteer Meals	\$ 67.95
3/03/2025	McDonald's (F251)	6 Circumferential Hwy, Newton, MA 02462	Volunteer Meals	\$ 82.48
3/05/2025	Practical Image	763 Waverly St Ste 400, Framingham, MA 01702	Yardsigns	\$ 531.25

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	8/	11000	t ut pose of Expenditure	Amount
and under, incli	temized expenditures of \$50 ude them in line 13. Line 14	Line 13: Expenditures over \$50 (or li	sted above)	\$ 681.68
suouia include it	only those expenditures not remized above.	Line 14: Expenditures \$50 and under (not listed above)		\$ 21.99
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD		S IN THE PERIOD	\$ 703.67	

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.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 addition, 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 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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional pages.

on the cumulation	attatie or committee name and a-page number on each additional page.				
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
\$30 and under,	temized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions over \$50 (or listed above)			
should includ	de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50 and under (not listed above)			
	Enter on page 1, line $6 \rightarrow$	→ Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD			

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
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	DING LIABILITIES (ALL)	

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
03/10/2025	Staples; 163 Highland Ave, Needham, MA 02494	\$ 440.34	Pamphlet Printing
ine 20: Total Itemized	d Out-Of-Pocket Expenditures Over \$50	\$ 440.34	* If and I was a factor of the state of the
or listed above) ine 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and nder (not listed above)		\$ 190.00	* 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.
ine 22: TOTAL OUT-O	F-POCKET EXPENDITURES IN THE PERIOD	\$ 630.34	Enter on page 1, line 8 Page 8