

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts			File with	: City or Town Cleri	c or Electi	ion Commission
Fill in Reporting Period dates: Beginning Da	ate: 3/11/202	25	Ending Date:	4/08/2025		
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding	ng election	30 day after	election 5	ear-end report	☐ dis	esolution
Jit Basak						
Candidate Full Name (if applicable) Park and Recreation Commissioner, Needham MA			Com	nittee Name	Pro-3 1	
Office Sought and District 1 Paul Revere Road Needham MA 02494			Name of Co	ommittee Treasurer	25 25	N CONTRACTOR
Residential Address E-mail: arindrajit.basak@gmail.com	F	E-mail:	Committee	Mailing Address	20	3 8
Phone #: 3122092001		Phone #:			D	A OZ
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SUMMARY	BALANCE	INFORM	ATION:		ō.,	NE
Line 1: Ending Balance from previous re	port					
Line 2: Total receipts this period (page 3,	, line 12)					
Line 3: Subtotal (line 1 plus line 2)						
Line 4: Total expenditures this period (page 5, line 15)						
Line 5: Ending Balance (line 3 minus line	e 4)					
Line 6: Total in-kind contributions this period (page 6, line 18)						
Line 7: Total (all) outstanding liabilities ((page 7, line 19)					
Line 8: Total out-of-pocket expenses this	period (page 8, li	ne 22)	5	70.31		
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. Signed under the penalties of perjury: (Treasurer's signature)						
FOR CANDIDATE FILINGS ONLY: Affidavit of Candid	data: (aback 1 ba	nlw)	(rreasurer s signatt	-		
Candidate with Committee I certify that I have examined this report including attached schedul activity, of all persons acting under the authority or on behalf of this incurred any liabilities nor made any expenditures on my behalf during the control of the co	les and it is, to the best	st of my knowled	equirements of M.G.L	c. 55. I have not red	ent of all c	ampaign finance y contributions,
I certify that I have examined this report including attached schedul finance activity, including contributions, loans, receipts, expenditur campaign finance activity of all persons acting under the authority of	res, disbursements, in	-kind contribution	ons and liabilities for t	his reporting period a	and repres	campaign sents the
△ △ △			(0) 313-43	Date:	4/7	1/2028

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
NA	NA	NONE	NA
		NONL	
		1	
		1	
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		4	
		44	
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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 Rece	cipts over \$50 (or listed above)		* If you have itemized assists - 6050
	sipts \$50 and under (not listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not
Line 12: TOTAL I	RECEIPTS IN THE PERIOD		itemized above. ← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	LE B. EZZI ENDIT CRES (C	<u> </u>	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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				L
				L
* If you have	itemized expenditures of \$50	L' 10 D "		
and under, inc	clude them in line 13. Line 14	4		
should includ	de only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		
	Enter on page 1, line 4 →	page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD		
	on page 1, mie 7	TO THE ENDI	- CARDIN THE TERIOD	

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
3/14/2025	Needham Press	218 Chestnut Street Needham MA 02492	Print Park and Rec Commissioner Placard	345.31
3/11/2025	Practical Yard Sign	763 Waverly St, Framingham, MA 01702	Park & Rec Commissioner and TTM J Yard Sign	125.00
3/24/2025	Practical Yard Sign	763 Waverly St, Framingham, MA 01702	Park & Rec Commissioner and ITM J Yard Sign	100.00

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
	90				
		<u></u>			
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not		Line 16: In-Kind Contributions over \$50 (or listed above)			
i	temized above.	Line 17: In-Kind Contributions \$50 and under (not listed above)			
	Enter on page 1, line 6 →	on page 1, line 6 → 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.

	Name and Address of Vendor		T	
Date Paid	(alphabetical listing required)	Amount		Purpose of Expenditure
(or listed above)	ed Out-Of-Pocket Expenditures Over \$50	570.31		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Unitem under (not listed abov	nized Out-Of-Pocket Expenditures \$50 and e)			should include only those expenditures not itemized above.
Line 22: TOTAL OUT-0	OF-POCKET EXPENDITURES IN THE PERIOD	570.31	←	Enter on page 1, line 8