

# Form CPF M 102: Campaign Finance Report Municipal Form

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NEEDHAM. MA 02492 Office of Campaign and Political Finance

#### 205 NA 31 P 3 31

	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 1/1	1/2025 Ending Date: 3/31/2025				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution				
Alisa Skatrud	Committee to Elect Alisa Skatrud				
Candidate Full Name (if applicable)	Committee Name				
School Committee - Needham	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 BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	0				
Line 2: Total receipts this period (page 3, line 12)	970.00				
Line 3: Subtotal (line 1 plus line 2)	970.00				
Line 4: Total expenditures this period (page 5, line 15	49.24				
Line 5: Ending Balance (line 3 minus line 4)	920.76				
Line 6: Total in-kind contributions this period (page 6.	, line 18) 355.70				
Line 7: Total (all) outstanding liabilities (page 7, line	700.00				
Line 8: Total out-of-pocket expenses this period (page	8, line 22) 700.00				
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)  Date: 2/3/1/5					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)				
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance				
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 ading under the authority or on behalf of this	is candidate in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury:	(Condidate of cionature) Date: 3 3 25				

#### **SCHEDULE A: RECEIPTS**

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

D. D. I.	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
2/14/25	Alisa Skatrud 49 Sargent Street, Needham	\$100	
2/23/25	Emma Navales 82 Deerfield Road, Needham	\$90	
2/27/25	Anne Grady 277 Manning Street, Needham	\$100	
3/10/25	Marilyn Levenson 17 Kerrydale Road, Needham	\$100	
3/16/25	Rose Elin 33 Burr Drive, Needham	\$100	
3/19/25	Daniel Matthews 280 Hillside Avenue, Needham	\$100	

### **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	ots over \$50 (or listed above)	590	* If you have itemized receipts of \$50 and
	ots \$50 and under (not listed above)	380	under, include them in line 10. Line 11 should include only those receipts not
ine 12: TOTAL RI	ECEIPTS IN THE PERIOD	970	itemized above.  ← 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		_	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		- SMICKSM		
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## **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
- 1				
*10				
* If you have i and under incl	temized expenditures of \$50	Line 13: Expenditures over \$50 (	or listed above)	0
should include only those expanditures not				40.04
İ	itemized above.  Line 14: Expenditures \$50 and under (not listed above)  49.24			49.24
	Enter on page 1, line 4 -> Line 15: TOTAL EXPENDITURES IN THE PERIOD 49.24			49.24

#### 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 iddition, 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

From Whom Received*	Residential Address	<b>Description of Contribution</b>	Value
Hilary Bruel	87 Thornton Road, Needham	Fliers x 250	\$86.05
Emma Navales	82 Deerfield Road, Needham	Stamps x 70	\$51.10
Alisa Skatrud	49 Sargent Road, Needham	Stamps x 100	\$73.00
Hilary Bruel	87 Thornton Road, Needham	Postcards x 500	\$145.55
itemized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions over \$50 (or listed above)		355.70
de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50 and under (not listed above)		0
	Hilary Bruel  Emma Navales  Alisa Skatrud  Hilary Bruel	Hilary Bruel    87 Thornton Road, Needham	Hilary Bruel  87 Thornton Road, Needham  82 Deerfield Road, Needham  Alisa Skatrud  49 Sargent Road, Needham  87 Thornton Road, Needham  87 Thornton Road, Needham  87 Thornton Road, Needham  88 Thornton Road, Needham  89 Sargent Road, Needham  80 Stamps x 100

#### **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
3/20/25	Alisa Skatrud	49 Sargent Road, Needham	Reimbursement for lawn signs	\$700
			0	
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAN	DING LIABILITIES (ALL)	\$700

# 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
2/23/25	Delivery Signs - 40 West Crystal Lake Street #100, Orlando, FL	\$700	Lawn signs , LAN
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 or listed above)		700.00	* If you have out-of-pocket expenses of \$50
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
ine 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	700.00	← Enter on page 1, line 8