



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERKS OFFICE
BRIDGEWATER, MA.

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/22/2022 Ending Date: 4/18/2024

2024 APR 18 A 10:14

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Tina C Larson

Candidate Full Name (if applicable)

Bridgewater Town Clerk

Office Sought and District

40 Amherst Ave, Bridgewater, MA 02324

Residential Address

E-mail: tina.larson@verizon.net

Phone #: 508-245-1753

Tina C. Larson for Town Clerk

Committee Name

Edward W Ivaldi

Name of Committee Treasurer

10 Boxwood Ln, Bridgewater, MA 02324

Committee Mailing Address

E-mail: ewival@gmail.com

Phone #: 617-895-8998

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0.00</u>
Line 2: Total receipts this period (page 3, line 12)	<u>4339.10</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4339.10</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>4149.21</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>189.89</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0.00</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>355.12</u>
Line 9: Name of bank(s) used:	<u>Harbor One Bank</u>

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: [Signature] (Treasurer's signature)

Date: 4/18/24

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: Tina C Larson (Candidate's signature)

Date: 4/18/24

SCHEDULE A: RECEIPTS

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 \$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 E 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)
1/24/24	Becca Larson 920 Bayswater Ave, Apt 223, Burlingame, CA 94010	100.00	
1/24/24	Edward Ivaldi 10 Boxwood Lane, Bridgewater, MA 02324	500.00	Retired
1/27/24	Mary Fairgrieve P.O.Box 127, 9708 Emerald Ridge Trail, Onekama, MI 49675	100.00	
1/28/24	J. Michael Collins 227 Chamberlain Ave, Madison, WI 53726	200.00	
1/29/24	Peter Bergstrom 160 South Main St, W. Bridgewater, MA 02379	400.00	Owner of the Tax Center (W. Bridgewater MA)
2/12/24	Fred Kern 77 South St., Bridgewater, MA 02324	200.00	
2/16/24	Lucy Bella Daisy 8 Romney Rd, Bridgewater, MA 02324	100.00	
2/17/24	Jeanne Lane 7223 Crinstead Ct. Cincinnati, OH 45243	200.00	
2/18/24	Catherine Collins 7823 W. 83rd St. Playa del Rey, CA 90293	125.00	
2/21/24	Karen Larson 40 Amherst Ave, Bridgewater, MA 02324	100.00	
2/24/24	Carlton Hunt 80 Austin St, Bridgewater, MA 02324	100.00	
2/25/24	Elise Burden 526 South St, Bridgewater, MA 02324	100.00	
2/25/24	Fred Kern 77 South St, Bridgewater MA 02324	500.00	Owner of Bridgewater Pediatrics

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/27/24	Anne DiMarzio 103 Pleasant Dr. Bridgewater, MA 02324	95.70	
2/28/24	Pat Neary 225 Lakeside Dr., Bridgewater, MA 02324	95.70	
2/28/24	Bob & Lisa DeBrase 100 Rivers Edge Dr. Middleboro, MA 02346	100.00	
2/28/24	Teresa Jasinski 4 Janine Cir., Bridgewater, MA 02324	100.00	
2/28/24	Tom & Linda Schmuck 15 Sunset Lane, Bridgewater, MA 02324	100.00	
2/28/24	Debra Smith 225 Boxwood Lane, Bridgewater, MA 02324	100.00	
Line 10: Total Receipts over \$50 (or listed above)		3316.40	<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)		1022.70	
Line 12: TOTAL RECEIPTS IN THE PERIOD		4339.10	

← 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 D. *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
1/24/24	Political Lawn Signs	Online	100 Lawn Signs	684.74
1/24/24	Next Day Flyers	Online	Post Cards	82.72
2/6/24	Door Hangers	Online	Door Hangers	257.33
2/28/24	Barretts Pub	425 Bedford St., Bridgewater, MA 02324	Campaign Meeting	1181.25
3/9/24	Signs On The Cheap	Online	4' x 8' Banner	167.00
3/21/24	Home Depot	1453 Pleasant St, Bridgewater, MA 02324	Sign Hardware	59.40
3/22/24	Political Lawn Signs	Online	Additional 25 Lawn Signs	275.52
4/17/24	FaceBook - Jason Ross	Online	Campaign Ads	250.00
4/18/24	Jason Ross	P.O. Box 78...West Bridgewater, MA 02379	Campaign Consulting	\$800.00

SCHEDULE B: EXPENDITURES (continued)[illegible]

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)

4071.08

Line 14: Expenditures \$50 and under (not listed above)

78.13

Line 15: TOTAL EXPENDITURES IN THE PERIOD

4149.21

SCHEDULE C: "IN-KIND" 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 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 or 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 page.*

[illegible]

** If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)	0.00
Line 17: In-Kind Contributions \$50 and under (not listed above)	0.00
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	0.00

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 OUTSTANDING LIABILITIES (ALL)	0.00

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
2/9/24	Print Runner (Online Vendor)	79.12	Campaign Stickers
2/21/24	US Post Office ... 63 W Union St, East Bridgewater, MA 02333	118.00	Stamps
3/1/24	US Post Office ... 63 W Union St, East Bridgewater, MA 02333	116.00	Stamps
3/6/24	Costco	12.00	Water Bottles
3/7/24	CVS	30.00	Envelopes
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		313.12	<i>* 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.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		42.00	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		355.12	

← Enter on page 1, line 8



Commonwealth
of Massachusetts

Form CPF M R 1: Itemization of Reimbursements Municipal Form

Town Of Bridgewater

RECEIVED
TOWN CLERKS OFFICE
BRIDGEWATER, MA.

City or Town Clerk, or Local Election Official

2024 APR 18 A 10:14

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by candidate or committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:	4/18/24
Name of Individual Being Reimbursed:	Jason Ross
Committee or Candidate Name:	Tina C. Larson
Telephone Number (optional):	

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/18/2024	Jason Ross	P.O.Box 78....West Bridgewater, MA 02379	Facebook Ads	\$250.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$250.00
Line 2: Expenditures \$50 or under (not itemized):	0.00
Line 3: TOTAL AMOUNT REIMBURSED:	\$250.00

Signed under the penalties of perjury:

Edward W. Ivaldi

Print Name

Edward W. Ivaldi
Signature of Candidate or Treasurer

Date: 4/18/2024

Please prepare a separate report for each reimbursement check issued by the candidate or committee.



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Form CPF M R 1: Itemization of Reimbursements Municipal Form

Town Of Bridgewater

City or Town Clerk, or Local Election Official

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by candidate or committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:	4/18/24
Name of Individual Being Reimbursed:	Jason Ross
Committee or Candidate Name:	Tina C. Larson
Telephone Number (optional):	

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/18/2024	Jason Ross	P.O.Box 78...West Bridgewater, MA 02379	Campaign Consultant	\$800.00

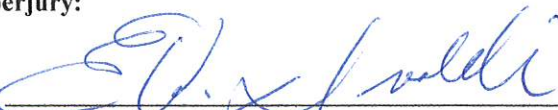
(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$800.00
Line 2: Expenditures \$50 or under (not itemized):	0.00
Line 3: TOTAL AMOUNT REIMBURSED:	\$800.00

Signed under the penalties of perjury:

Edward W. Ivaldi

Print Name


Signature of Candidate or Treasurer

Date: 4/18/2024

Please prepare a separate report for each reimbursement check issued by the candidate or committee.



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2024 APR 18 A 10:14

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by candidate or committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:	4/18/24
Name of Individual Being Reimbursed:	Ed Ivaldi
Committee or Candidate Name:	Tina C. Larson
Telephone Number (optional):	

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
1/24/24	Next Day Flyers	Online	Post Cards	\$82.72
1/24/24	Political Lawn Signs	Online	100 Lawn Signs	\$684.74
2/6/24	Door Hangers	Online	Door Hangers	\$257.33
2/28/24	Barretts Pub	425 Bedford St Bridgewater, MA 02324	Campaign Fundraiser Event	\$1,181.25
3/9/24	Signs on the Cheap	Online	4' x 8' Campaign Sign	\$167.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$2,707.96
Line 2: Expenditures \$50 or under (not itemized):	\$36.13
Line 3: TOTAL AMOUNT REIMBURSED:	\$2,744.09

Signed under the penalties of perjury:

Tina C. Larson

Print Name

Tina C. Larson
Signature of Candidate or Treasurer

Date: 4/18/2024

Please prepare a separate report for each reimbursement check issued by the candidate or committee.

ITEMIZE EXPENDITURES IN EXCESS OF \$50[illegible]

Page 2 Total (add to Line 1 on Page 1):

\$334.92