



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Report #2

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 26 25 Ending Date: May 5, 2025

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Arthur Thomas Desloges  
Candidate Full Name (if applicable)  
Plymouth Redevelopment Authority  
Office Sought and District  
5 Pine Cobble Plymouth MA 02360  
Residential Address  
 E-mail: arto.desloges@gmail.com  
 Phone #: 954 232 8561

Desloges Committee  
Committee Name  
Lisa Ackersson  
Name of Committee Treasurer  
5 Pine Cobble Plymouth MA 02360  
Committee Mailing Address  
 E-mail: arto.desloges@gmail.com  
 Phone #: 954 232 8561

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$5103.03	043720
Line 2: Total receipts this period (page 3, line 12)	48.02	2025 MAY - 5 PM 3
Line 3: Subtotal (line 1 plus line 2)	5151.05	TOWN CLERK
Line 4: Total expenditures this period (page 5, line 15)	1821.41	2025 MAY - 5 PM 3
Line 5: Ending Balance (line 3 minus line 4)	3329.64	TOWN CLERK
Line 6: Total in-kind contributions this period (page 6, line 18)	—	2025 MAY - 5 PM 3
Line 7: Total (all) outstanding liabilities (page 7, line 19)	—	TOWN CLERK
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	—	2025 MAY - 5 PM 3
Line 9: Name of bank(s) used:	<u>TD 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: May 5, 2025

**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: [Signature] (Candidate's signature) Date: May 5, 2025

## 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
3/5/2025	Pam Earl	111 Loring St Duxbury, MA 02332	Graphic Design Services	\$520.
3/16/2025	Jennifer Cormier	56 Peters Rd Plymouth	Video Production Services	\$100.-
8/27/2025	Prospect Hill Co.	12 Field St Brockton, MA	1000 Rack Cards 75 Lawn Signs	1201.41

1821.41

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
April 16	Diane Petzira 17 Bayden Path, Plymouth	48.02	Retired
Line 10: Total Receipts over \$50 (or listed above)		48.02	<p><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></p>
Line 11: Total Receipts \$50 and under (not listed above)			
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>			