Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance
Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

Ending Date:

05/21/2025

06/10/2025

Type of Report: (Check one)
8th day preceding preliminary

8th day preceding election

30 day after election

✔

N/A

year-end report

✔

dissolution

Nicotine Free Generation

Candidate Full Name (if applicable)

Committee Name

Kenneth Elstein
Office Sought and District

Name of Committee Treasurer

PO Box 192, Belchertown MA 01007
Residential Address

Committee Mailing Address

E-mail:

E-mail:

Phone #:

Phone # :

KenElstein@gmail.com

SUMMARY BALANCE INFORMATION:
$ 0.00

Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page , line 1)

$ 780.21

Line 3: Subtotal (line 1 plus line 2)

$ 780.21

Line 4: Total expenditures this period (page 5, line 15)

$ 780.21
$ 0.00

Line 5: Ending Balance (line 3 minus line 4)
Line 6:

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Line :
Line 8:
Line 9:

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Florence Bank

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: 06/10/2025

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:

(Candidate's signature)

Date:
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SCHEDULE A: RECEIPTS
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e.
Attach additional pages as needed to report all receipts. lease include the candidate or committee name and a page number on each additional page.

Date Received

05/27/2025

Name and Residential Address
(alphabetical listing required)

Kenneth Elstein, 76 North St,
Belchertown MA 01007

Amount

$780.21

Enter receipt totals on Page 3

Occupation & Employer
(for contributions of $200 or more)

Retired

SCHEDULE A: RECEIPTS (continued)
Date Received

Name and Residential Address
(alphabetical listing required)

Amount

Line 1 : Total Receipts over $50 (or listed above)

$ 780.21

Line 11: Total Receipts $50 and under (not listed above)

$

Line 12: TOTAL RECEIPTS IN THE PERIOD

$ 780.21

0.00

Occupation & Employer
(for contributions of $200 or more)

* If you have itemized receipts of $50 and under, include them in line . Line 1 should include only those receipts not itemized above.

I#Enter on page 1, line 2

SCHEDULE B: EXPENDITURES
55 re u re r e
e end ure ver $50
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e end ure
d n re r n er d
end ure
$50 nd e
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ee de ed
un nd re rd
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nd d e re r ed n
edu e E
Attach additional pages as needed to report all expenditures. lease 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

05/22/25

Click2Mail

3103 10th St N, # 201
Arlington VA 22201

Postcards

$ 720.72

05/25/25

Staples

163 Highland Av
Needham MA 02494

Flyers

$ 59.49

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)
Date Paid

To Whom Paid
(alphabetical listing)

* If you have itemized expenditures of $50 and under, include them in line 1 . Line 1 should include only those expenditures not itemized above.

Address

Purpose of Expenditure

Amount

Line 1 : Expenditures over $50 (or listed above)

$ 780.21

Line 1 : Expenditures $50 and under (not listed above)

$

Enter on page 1, line 4 J Line 15: TOTAL EXPENDITURES IN THE PERIOD

0.00

$ 780.21