

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECFIVED

of Massachusetts		TOY	File with City of fown Cler	k or Election Commission
Fill in Reporting Period dates: Beginning Date:	/1/2		Date: 19 3 16.4	/
Type of Report: (Check one)		7(OWN OF LUDLOW	
8th day preceding preliminary 8th day preceding election	☐ 30 day	after election	year-end report	dissolution
MANUEL D. SILVA				
Candidate Full Name (if applicable) BORD OF SELECTMAN			Committee Name	
Office Sought and District 17 DINIS AVE		Na	me of Committee Treasurer	
Residential Address		C	ommittee Mailing Address	
E-mail: manys/wa @ Chanten NET Phone # (optional): V13 - 218 - 2813	E-mail: — Phone # (o	entional):		
Finding # (Optionial). 913 218 2815	riiolie # (o	ptionar).		
SUMMARY BALANC	E INFO	RMATION:		
Line 1: Ending Balance from previous report			968.20	
Line 2: Total receipts this period (page 3, line 11)			0	
Line 3: Subtotal (line 1 plus line 2)			968.20	
Line 4: Total expenditures this period (page 5, line 14)			0	⊒
Line 5: Ending Balance (line 3 minus line 4)			968,20	
Line 6: Total in-kind contributions this period (pa	ge 6)		0	
Line 7: Total (all) outstanding liabilities (page 7)			7]
Line 8: Name of bank(s) used: TDBANK	<u>. </u>			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions a	and liabilities for this	s reporting period and represe of M.G.L. c. 55.	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)		- 13.00 VI - 410 VIII - 1	
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 act incurred any liabilities nor made any expenditures on my behalf during this reporting	cordance with	the requirements of	M.G.L. c. 55. I have not rec	
Candidate without Committee 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 acting under the authority or on behalf of this	, in-kind contr	ributions and liabilit	ies for this reporting period as	nd represents the
Signed under the penalties of perjury:	lm	(Candidate	's signature) Date: _	3-14-71

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts? Perseinclude your committee name and a page number on each page.)

TOWN Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2021 TO	WN OF LUDLOW		
	•		
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			RECEIVED TOWN CLERK'S OFFICE
			2021 MAR 19 A 10: 04
			TOWN OF LUDLOW
		16	
		~	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your confittitee name and a page number on each page.)

Date Paid	To Whom Paid	٥٤ Address	Durnose of Evnanditure	Amount
Date Falu	(alphabetical listing) \(\lambda\)		Purpose of Expenditure	Amount
	TOWN OF LUDLO	4		
	101110			
L				L
		3		
111				
				10000 10000 10000 1000 1000 1000 1000
.				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
		Ellie 15. Total Expelluttures \$50	and under (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			RECEIVED TOWN CLERK'S OFFICE	
			2021 MAR 19 A 10: 04	
			TOWN OF LUDLOW	
w w-salestosanesilli				<u> </u>
	L	ine 12: Expenditures over \$5	(or listed above)	
	-	Meta.		
	-	ine 13: Expenditures \$50 and ine 14: TOTAL EXPENDIT		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

	TEUEIVED				
Date Received	TOWN CLIER'S OFFICE From Whom Received*	Residential Address	Description of Contribution	Value	
		,		l .	
	TOWN OF LUDLOW				
				<u></u>	
-					
<u> </u>					
		Line 15: In-Kind Contributions over \$50 (or listed above)			
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS					

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Pμίτρος ΕΙΝΕ Amount
			2021 HAR 19 A 12 OLI
			I OWN OF LUDLO
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)

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