

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	101/22 Ending Date: 03/10/22
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
DOEL DOMINGOS LA SILVA	NO COMMITTEE
Candidate Full Name (if applicable) PLONNING BOARD	Committee Name
Office Sought and District	Name of Commented Treasurer
230 Sewall St, Ludon MASI 01056	<u>*</u>
Residential Address	Committee Martins Address - 5
E-mail:	
1.5 244 2037	Phone # (optional).
SUMMARY BALANC	E INFORMATION:
Line 1. Ending Delange from marriage garage	FA-101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Line 1: Ending Balance from previous report	ρ
Line 2: Total receipts this period (page 3, line 11)	\$ 760.00
Line 3: Subtotal (line 1 plus line 2)	\$760.00
Line 4: Total expenditures this period (page 5, line	e 14)
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pa	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	D. BANK
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	contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)
	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or or behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the

(Candidate's signature)

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. Please include your committee name and a page number on each page.)

Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Recei	ipts \$50 and under* (not listed above)		
ing 11, TOTAL D	RECEIPTS IN THE PERIOD		Futur on page 1 line 2
ALC II; FOTAL N	COSO de la	o O Lina 10 shoul	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
March 23/22	Joel Silve/2xx xxxx 1 St Indlan MA	\$760	Project Supervione Balterpr Contractors INC
			REC 10WN
			TOWN OF LUDUW
			0. TEO 0.
Line 9: Total Recei	pts over \$50 (or listed above)	\$760.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	ECEIPTS IN THE PERIOD	\$760.00	← 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 committee name and a page number on each page.) To Whom Paid Purpose of Expenditure Amount Address (alphabetical listing) Date Paid Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under* (not listed above) Line 14: TOTAL EXPENDITURES IN THE PERIOD Enter on page 1, line 4 →

^{*} 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
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	ts \$50 and under* (not listed above)			
ing 11, TOTAL DE	CEIPTS IN THE PERIOD			
	eceipts of \$50 and under, include them in line			

^{*} 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

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(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

all expenditures. Please include your committee name and a page number on each page.)

eport all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
03/21/22	Turley Publications	24 Water St, Palmer MA 01069	Political Ad	\$760
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Li O	7077 MAB TOWN TOWN			
			10W) 10W)	.U M
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			7FFIOE 2: 58 0W	
<u> </u>				
	 	Line 12: Total Expenditures o	ver \$50 (or listed above)	\$760.00
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD \$760.00				\$760.00

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	······································		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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]		<u> </u>
		Line 12: Expenditures over	\$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on mace 1 line 4 →	Line 14: TOTAL EXPEND	NTHERS IN THE PEDIAN	
		1	3 should include only those expenditure	

^{*} 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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<u> </u>				
		Line 15: In-Kind Contributio		
Line 16: In-Kind Contributions \$50 & under (not listed above)				
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	<u> </u>

^{*} 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	Purpose	Amount
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			A 9: UDLOW	
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	A second			
<u> </u>	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			