

# 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: Jan	1, 2017 Ending Date: Dec 31, 2017
This in reporting Ferrod dutes.	2018 JAN 10 P # 24
Type of Report: (Check one)	
	30 day after election
8th day preceding preliminary 8th day preceding election	30 day after election Sycar-cita report dissolution
Manuel D. Silva	
Candidate Full Name (if applicable)	Committee Name
Board of Selectman - Ludlow	Name of Committee Treasurer
Office Sought and District	Mains of Committee Heavitei
17 Dinis ave. Ludlow Ma. 01056  Residential Address	Committee Mailing Address
E-mail:	E-mail:
Phone # (optional):	Phone # (aptional):
CHMMADY DATAN	CE INFORMATION:
SUMMARI BALAN	CE INFORMATION.
Line 1: Ending Balance from previous report	968.2
Line 2: Total receipts this period (page 3, line 1	1) 0
Line 3: Subtotal (line 1 plus line 2)	968.2
Line 4: Total expenditures this period (page 5, 1	ine 14) 0
Line 5: Ending Balance (line 3 minus line 4)	968.2
Line 6: Total in-kind contributions this period (	page 6) 0
Line 7: Total (all) outstanding liabilities (page 7	7) 0
Line 8: Name of bank(s) used: tdbbank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the b activity, including all contributions, loans, receipts, expenditures, disbursements, in-kir finance activity of all persons acting under the authority or on behalf of this committee	nd contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: Jan 2, 2018
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	box only)
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ling period.
Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the 'this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature)  Date: Jan 2, 2018

## 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount201	Occupation & Employer  8 JAN (for contributions of \$200 or more)
			WN GERTLEAK
- total at a second at a secon			
•			
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Rec	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	0	Enter on page 1, line 2

<sup>\*</sup> 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)
		201	with told
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	1		
ine Q. Total Page	eipts over \$50 (or listed above)		
			<u>]</u> ]
	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> 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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose/of Expenditure	Amount
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				<u> </u>
		Line 12: Total Expenditures	over \$50 (or listed above)	
		Line 12. 10tal Expenditures	5 OVER \$50 (OF History above)	
		Line 13: Total Expenditures	\$50 and under* (not listed above)	
	<u></u>			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENT	DITURES IN THE PERIOD	1 1

<sup>\*</sup> 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	Y Purpose of Expenditure	Amount
		of the second	) O 15 20	,
		1.00 PM		
	M-11-			
		Line 12: Expenditures over \$5	50 (or listed above)	
		Line 13: Expenditures \$50 and under* (not listed above)		
	T. 4	Line 14: TOTAL EXPENDI		(5)

<sup>\*</sup> 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 6 on page 1.

		MECEIVAN		
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			2018 JAN 18 10	77
				26
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		:		
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111				
<u> </u>		Line 15: In-Kind Contribution	is over \$50 (or listed above)	
		Line 16: In-Kind Contribution	s \$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	0

<sup>\*</sup> 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.

ate Incurred	To Whom Due	Address REC	EIVE Burpose	Amount
			18 P 4: 20	
		19917	***************************************	
			/	
			IDING LIABILITIES (ALL)	