

# 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: January	pary 1st, 2019 Ending Date: December 31st, 2019			
Type of Report: (Check one)	-			
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election 🔀 year-end report ☐ dissolution			
Carmina Fernandes	Committee to Elect Carmina Fernandes			
Candidate Full Name (if applicable)	Committee Name			
Board of Selectmen Office Sought and District	Grace Dias - B 27			
One Swan Avenue	Wante of Committee Treatment 17(1)			
Residential Address	Committee Mailing Address			
E-mail: attorneycarmina@happylaw.biz	E-mail: gracedias@outlook.com;			
Phone # (optional): 413-583-2060	Phone # (optional): 413-250-2823			
	♥ # FD			
SUMMARY BALANG				
Line 1: Ending Balance from previous report	140.23			
Line 2: Total receipts this period (page 3, line 11	0			
Line 3: Subtotal (line 1 plus line 2)	140.23			
Line 4: Total expenditures this period (page 5, li	ne 14) 0			
Line 5: Ending Balance (line 3 minus line 4)	140.23			
Line 6: Total in-kind contributions this period (p	page 6) 0			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used: Westfield Savings	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: 01/14/2020  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)				
Candidate with Committee and no activity independent of the committee    Candidate with Committee and no activity independent of the committee	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,			
Candidate without Committee OR Candidate with independent activity filing of I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	he best of my knowledge and belief, a true and complete statement of all campaign its, in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury:	(Candidate's signature) Date: 01/14/2020			

# 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.)

<del></del>	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	NONE	0	N/A
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			DWN OF
			EIVED BIVED BIVED
			80 80
:			
'			
		;	
Line 9: Total Rece	ipts over \$50 (or listed above)	ó	
Line 10: Total Reco	pipts \$50 and under* (not listed above)	. 0	
	RECEIPTS IN THE PERIOD	<del></del>	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)
	NONE	0.	N/A
			2
			RECE DWN CLE
			FTK'S OFF
			9 TROE 28
1770			
-			
	pts over \$50 (or listed above) ipts \$50 and under* (not listed above)	0	
	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 B: EXPENDITURES

MG,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	litures. Please include your com- To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	NONE	ИОЙЕ	NONE	.0
· .				
				<u> </u>
			7020 V	
			N OF L	
			DLOW	) : 
			, ,	
		Line 12: Total Expenditures	over \$50 (or listed above)	
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

<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. Page 4

# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	A d'alviana	Desiring of Communitations	.4
Date Lain	(withwhether ingrid).	Address	Purpose of Expenditure	Amount
N/A	NONE	N/A	NONE:	 
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<u></u>				
;	,			
<u> </u>				<u> </u>
			NA P. 0207	<u>π</u>
			OWN OF LUCLOW	EIV
Ÿ			QLOW	
				<u> </u>
				<u></u>
		Line .12: Expenditures over \$5	0 (or listed above)	.0
		Line 13; Expenditures \$50 and	under* (not listed above)	0
	Enter on nage 1. line 4:→	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	- n
-n	· ·		should include only those expenditures	

<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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
N/A	NONE	NONE	NONE	0
			70 W 2020 7C	
			TIC WN OF LUDLOW	
			S OFFICE S OFFICE A & 2 DLOW	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	Ö
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	q
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	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.

\* Page 6

# SCHEDULE D: LIABILITIES

M.G.L. c. 55 regitires 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
N/A	NONE	NÖME	NONE;	o
			10% 2020 To	10
			TOWN OF L DLOW	FI C
			S OFFICE A 9: 2 DLOW	VED.
	Enter on page 1, line 7→	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0