

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

. Commonwe of Massachu		,	9 <b>4</b> 6	403		CEIVED
Fill in R	eporting Period dates:	Beginning Date: MA	rech a th	2018 Endin		የ <sup>'</sup> 2ኅ <sup>2</sup>
Type of	Report: (Check one)				TOWN	N OF LUDLOW
8th da	y preceding preliminary	3th day preceding election	n 💢 30 d	lay after election	year-end repo	nt [] dissolution
	Fernandes Candidate Full Name (	if applicable)			armina Fernandes Committee Name	
Board or	Selectmen Office Sought and	1 District	AGra	ce Dias	Name of Committee Treasur	rer
One Swar			884	Poole St., Ludlow	, MA 011056	
E-mail:	Residential Ad	dxėss	E-mail		Committee Mailing Address	iS
Phone # (opt	ional): 4	13-583-20	-11	# (optional):	413-250	-28
		SUMMARY BALA	NCE INE	ORMATION	-	
	Line 1: Ending Bala	nce from previous report		-		40.23
	Line 2: Total receipt	s this period (page 3, line	11)			0.00
	Line 3: Subtotal (lin	e 1 plus line 2)			14	40.23
	Line 4: Total expend	litures this period (page 5,	line 14)			0.00
	Line 5: Ending Balan	nce (line 3 minus line 4)			. 14	10.23
	Line 6: Total in-kind	contributions this period	(page 6)			0.00
		tstanding liabilities (page				0.00
	Line 8: Name of bank	k(s) used: Westfield Savings	Bank		···	
I certify that I activity, include finance activity Signed under	committee Treasurer: have examined this report including ling all contributions, loans, receipts y of all persons acting under the aut the penalties of perjury:  DIDATE FILINGS ONLY:	cories of on behalf of this committee	in accordance	s and liabilities for the with the requirement	de man ambier a cramical and Samuel	esents the campaign
Candidat  I certify the activity, of incurred activity.	te with Committee and no activity hat I have examined this report inclu- of all persons acting under the author- any liabilities nor made any expendit the without Committee OR Candida	independent of the committee ding attached schedules and it is, to ity or on behalf of this committee in ures on my behalf during this report ate with independent activity filling	the best of my accordance wi ing period.	th the requirements o	fM.G.L. c. 55. I have not r	received any contributions,
campaign	hat I have examined this report inclu- civity, including contributions, loans, finance activity of all persons acting	s, receipts, expenditures, disburseme	ents, in-kind.com	ilidail bas agoituditta	ties for this renorting period	and represents the
Signed under	the penalties of perjury:	er a for		Candidate (Candidate	's signature)	1/-1/10

### 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)	Amount	Occupation & Employer (for contributions of \$200 or more)
	NONE	\$0.00	N/A
0	9: 20 W		
JEIV EPK'C	27 A F LUDL		
RE	TOWN		
Western Michigan Par 11 V			
ine 9: Total Recei	ipts over \$50 (or listed above)	0.00	
ine 10: Total Rece	ripts \$50 and under* (not listed above)	0.00	· ·
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	0.00	← 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	0.00	N/A
D FICE	7 .		
E/VE RK'S OF	070n7		Loonal Loonal
REO OWN CL	OWNC		
ine 9: Total Recei	pts over \$50 (or listed above)	0.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0.00	
ine 11: TOTAL R	RECEIPTS IN THE PERIOD	0.00	← 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

Date Paid	To Whom Paid (alphabetical listing)  Address Purpose of Expenditure			
Date Faid	(aiphabetical listing)	Address	Purpose of Expenditure	Amount
	NONE	NONE	NONE	\$0.0
	1900			
	- Marie Marie			
(ED	4 \$ 2 10W			
CELL	R 27			Total Control
R	7018 / TOW			And the second s
		Line 12: Total Expenditures ov	rer \$50 (or listed above)	0.00
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	0.00
<u> 700</u>	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0.00

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)	Address	D	
			Purpose of Expenditure	Amount
	NONE	NONE	NONE	0.0
	1100000			
	30			
Q.	4 21 W			
>0	4 2			
E	17.			
?E	8 APR			11010000
- 3	2 2			
				1,500
				TOTAL
	7			
		Line 12: Expenditures over \$50	(or listed above)	0.00
Line 13: Expenditures \$50 and under* (not listed above)				0.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES 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.

# 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
	NONE .	NONE	NONE	0.0
9	9 2 2 0 W			
CEIV	27 A			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
RE	2018 APP TOWN			
	- 1994 1994 - 1994			**************************************
ال		Line 15: In-Kind Contributions of	over \$50 (or listed above)	0.00
	· xx	Line 16: In-Kind Contributions \$		0.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	0.00

<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.

Date Incurred	To Whom Due	Address	Purpose	Amount
	NONE	NONE	NONE	0.00
	,			
	,			
ED	DLOW			
CEIV	WN OF LE			
RE	2018 A TOV			7 10 mm
				77 400
	Enter on page 1, line $7 \rightarrow \begin{bmatrix} 1 & 1 \\ 1 & 1 \end{bmatrix}$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0.00