



Commonwealth of Massachusetts

Form GPF-102ND : Campaign Finance Report Office of Campaign and Political Finance

File with: Director

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

RECEIVED
CPF ID# 80-0750708
Treasurer's Office

2012 MAR 19 P 3:45

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning January 1st 2012 Ending 3 19 2012

Type of report: (Check one)

8th day preceding primary 8th day preceding election year-end report dissolution 30 days after special election

Carmina Fernandes

Full Name of Candidate

BOARD OF SELECTMEN

Office Sought/District

ONE SWAN AVE, LUDLOW, MA

Residential Address

(413) 583-2060

Tel. No. (optional)

Committee to Elect Carmina Fernandes

Committee Name

GRACE DIAS

Name of Committee Treasurer

884 POOLE ST, LUDLOW MA

Committee Mailing Address

(413) 250-2823

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>- 0 -</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>4,710⁰⁰</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>4,710⁰⁰</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>- 0 -</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>4,710⁰⁰</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>- 0 -</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>2616 -</u>
Line 8: Name of bank(s) used	<u>Chicopee Savings</u>

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:

[Signature]
Treasurer's signature (in ink)

3/18/12
Date

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, and attached schedules, and it is, to the best of my knowledge and belief, a true and complete statement of all 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without committee OR Candidate with independent activity filing separate report

I certify that I have examined this report, and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including 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:

[Signature]
Candidate's signature (in ink)

3/18/12
Date

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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name, CPF ID# 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)
2/28/12	Jacinto Eugenio 4 Brimfield St., Ludlow MA	100 ⁰⁰	Personal / individual
2/19/02	Lisa + Jim Kane Miller St., Ludlow	200 ⁰⁰	Personal / individual
3/12/12	Susanna & Ed Zemba 147 Melbrook Dr., East Longmeadow MA	50 ⁰⁰	Personal / individual
3/15/12	Fundraiser tkts (218 tkts @ \$20 ea.)	4360 ⁰⁰	Personal / Individual
Line 9:	Total receipts in excess of \$50 (or listed above)	350 ⁰⁰	
Line 10:	Total receipts \$50 and under* (not listed above)	4360 ⁰⁰	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	4710⁰⁰	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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			RECEIVED TOWN OF LUDLOW 2012 MAR 19 P 3:46 TOWN OF LUDLOW	
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* 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 contributor has given an aggregate amount of \$200 or more in a calendar year, you must also report the contributor's occupation and employer.

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
3/12/12	Tony & Pennys	18 Canterbury St Ludlow MA	Fundraiser meals	957-
2/14/12	Speedy Signs	speedy signs usa.com 162 SW Spencer Ct Suite 101 Lakeland FL 32024	Signs	8434-
2/5/12	Chucks signs	535 East main st Chicopee MA 01015	Signs	225-
Line 18: OUTSTANDING LIABILITIES (ALL)				2616-

Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.