

# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S: Of For Clerk or Election Commission April 8, 2017 Ending Date: P May 14, 2018 Fill in Reporting Period dates: Beginning Date: Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Carlos Chaves Committee to Elect Carlos J. Chaves Candidate Full Name (if applicable) Luis Dinis Office Sought and District Name of Committee Treasurer Olivia Circle
Committee Mailing Address Olivia Circle Residential Address

C Chaves 81 @ hotmail.com ear cchaves 81 Chotmail. com 413 - 221 - 3736 413-221-3736 Phone # (optional): SUMMARY BALANCE INFORMATION: 245.38 Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Bank Line 8: Name of bank(s) used: 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: 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 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.

A 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 contributions, loans, receipts, expenditures, disbussements, 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.

Candidate without Committee OR Candidate with independent activity filing separate report

Signed under the penalties of perjury:

(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.) CEIVED

Date Received	Name and Residential Address (alphabetical listing required)	Amount	(for contributions of \$200 or more)
	(inputs of the last of the las		2018 MAY 14 P 3 51
			TOWN OF LUDLOW
i			
ine 9: Total Receip	pts over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS 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)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
			RECEIVED JOWN CLERK'S OFFICE	
			2018 MAY 14 P 3: 57	
			TOWN OF LUDLOW	
Line 9: Total Rece	ipts over \$50 (or listed above)			
ine 10: Total Rece	sipts \$50 and under* (not listed above)			
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	\$0.00	← Enter on page 1, line 2	
If you have itemized	receipts of \$50 and under include them in line	L	d include only those receipts not itemized above.	

<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 the report if additional pages are required to report all expenditures. Please include your committee name and a page number on each page, of FRK'S OFFICE

To Whom Paid Parpote of Rependition ? **Date Paid** (alphabetical listing) Address Amount Donation of Epotembip Select person Committee to # 80.00 3/15/12 Unknown Flect Carmina Fernandos Committee to Elect District Attorney #/00.00 6/6/12 Un known John P. Da Cruz Donation Donation for Retiremen \$ 100.00 6/26/13 Donation Unknown James McGowan 5/5/14 MS Fundraiser Donation Un known Dulce Strong Nov 2012 -Bank Service Service Fee Bank TD March 2015 # 449.38 Mag 2018 Luso American Scholarship Fund (Julenown Donation Ashburba Place & Bosba, MA May 2018 Commonwealth of Massachusett 400.00 Donation 11,245.38 Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under\* (not listed above) 41,245.38 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.

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## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid	Address	Purnose of Ernouditable	Amount
Date Paid	(alphabetical listing)	Audress	Purpose of Expenditure E  TOWN CLERK'S OF	Amount
			10MM CLEVIL 2 OF	
			2018 MAY 14 P	\$51
			TOWN OF LUDL	W
			V	
		/		
	/ /			
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on mage 1 line 4	Line 14: TOTAL EXPENDIT	IIDES IN THE DEDIOD	
	Enter on page 1, line 4 →		hould include only those expenditure	

<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.

T		TOWN CLERK'S OFFICE		
Date Received	From Whom Received*	Residential Address	Description of Contribution	7 Value
			The state of the s	
			TOWN OF LUDLOW	
			<u>/</u>	
		1		
L		L		
		<i> </i>		
		/		
	1	Line 15: In-Kind Contributions	over \$50 (or listed above)	
	₹.	Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

<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	RETENSE IVED	Amount
			2018 HAY 14 P 3 5	
			TOWN OF LUDLOW	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	