Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2017 Ending Date: 10/20/2017

Type of Report: (Check one)

☐ 8th day preceding preliminary ☑ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Welisarage Kaween Fernando
Candidate Full Name (if applicable)

School Committee, Ward 8 Chicopee
Office Sought and District

621 Grattan St. Apt. 1, Chicopee MA 01020
Residential Address

E-mail: w@kaweenfernando.com

Phone # (optional): (413) 331-8186

Committee to Elect W. Kaween Fernando
Committee Name

Deepthi Fernando
Name of Committee Treasurer

621 Grattan St. Apt. 1, Chicopee MA 01020
Committee Mailing Address

E-mail: deefernando@yahoo.com

Phone # (optional): (413) 557-4758

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	$152.76
Line 2: Total receipts this period (page 3, line 11)	$4,500.00
Line 3: Subtotal (line 1 plus line 2)	$4,652.76
Line 4: Total expenditures this period (page 5, line 14)	$4,501.36
Line 5: Ending Balance (line 3 minus line 4)	$151.40
Line 6: Total in-kind contributions this period (page 6)	$0.00
Line 7: Total (all) outstanding liabilities (page 7)	$8,500.00
Line 8: Name of bank(s) used:	T.D. Bank, N.A.

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: 10/30/17

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.

☐ **Candidate without Committee OR Candidate with independent activity filing separate report**
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 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: _____ (Candidate's signature) Date: 10/30/17

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)
08/01/17	W. Kaween Fernandes 621 Grattan St. Apt. 1 Chicopee, MA 01013	$4,500.00	CEO, ACR Growers
	N/A		

Line 9: Total Receipts over $50 (or listed above)	~~N/A~~ 2nd $4,500.00
Line 10: Total Receipts $50 and under* (not listed above)	N/A
Line 11: TOTAL 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 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)
		N/A	

Line 9: Total Receipts over $50 (or listed above)	N/A
Line 10: Total Receipts $50 and under* (not listed above)	N/A
Line 11: TOTAL 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 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
10/07/17	AMVETS Post 12	754 Montgomery St. Chicopee, MA 01013	Deposit for Hall Rental	$100.00
10/05/17	Chuck's Signs	658 Fuller Rd. Chicopee, MA 01020	Vehicle Lettering	$600.00
09/21/17	Custom Ink	1180 Seminole Trail #147 Charlottesville, VA 22901	T-shirt printing	$843.70
08/01/17	Joshua Clark	619 Grattan St. 2FL Chicopee, MA 01020	Consulting and Design Services	$250.00
09/03/17	Joshua Clark	619 Grattan St. 2FL Chicopee, MA 01020	Consulting and Design Services	$400.00
09/29/17	Joshua Clark	619 Grattan St. 2FL Chicopee, MA 01020	Consulting and Design Services	$512.50
10/13/17	Ludlow Printing	44 Sewall St. #1 Ludlow, MA 01056	Printing Services	$268.28
09/25/17	Signs on the Cheap	11525A Stonehollow Dr. Ste. 100 Austin, TX 78758	Lawn Signs	$1,152.88
10/15/17	USPS	50 Holyoke St. Holyoke, MA 01040	Postage	$374.00

N/A

Line 12: Total Expenditures over $50 (or listed above)	$4,501.36
Line 13: Total Expenditures $50 and under* (not listed above)	N/A
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	$4,501.36

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		N/A		

Line 12: Expenditures over $50 (or listed above)	N/A
Line 13: Expenditures $50 and under* (not listed above)	N/A
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	$4,501.36

* 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		

Line 15: In-Kind Contributions over $50 (or listed above)	N/A
Line 16: In-Kind Contributions $50 & under (not listed above)	N/A
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	0.00

* 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.

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
06/15/15	W. Kaween Fernando	621 Grattan St. Apt. 1 Chicopee, MA 01013	Necessary Campaign Expenditures	$4000.00
08/01/17	W. Kaween Fernando	621 Grattan St. Apt. 1 Chicopee, MA 01013	General Campaign Expenses	$4,500.00
		N/A		

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** $8,500.00