



Commonwealth of Massachusetts

FORM CFP 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: 1/1/15 Ending Date: 12/31/15

Type of Report: (Check one)
[] 8th day preceding preliminary [] 8th day preceding election [] 30 day after election [] year-end report [] dissolution

Candidate Full Name (if applicable): Samuel J. Bonasoro
Office Sought and District: BOARD OF ASSESSORS
Residential Address: 5 SIMON DRIVE MILFORD MA
Telephone Number (optional): 774 573 9623

Committee Name: None
Name of Committee Treasurer: None
Committee Mailing Address: None
Telephone Number (optional): None

RECEIVED
MILFORD, MASS
2015 APR - 7 AM 11:30
CITY CLERK'S OFFICE

SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report -0-
Line 2: Total receipts this period (page 3, line 11) -0-
Line 3: Subtotal (line 1 plus line 2) -0-
Line 4: Total expenditures this period (page 5, line 14) -0-
Line 5: Ending Balance (line 3 minus line 4) -0-
Line 6: Total in-kind contributions this period (page 6) -0-
Line 7: Total (all) outstanding liabilities (page 7) -0-
Line 8: Name of bank(s) used: None

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... Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 4/1/15

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee
Candidate without Committee OR Candidate with independent activity filing separate report
Signed under the penalties of perjury: (Candidate's signature) Date: