

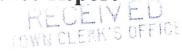
Signed under the penalties of perjury:

final Rept.

Form CPF M 102: Campaign Finance Report and+

Municipal Form





2018 MAY -7 PM 18: 07

Commonwe of Massachus	11.666	tution				2018 MAY -		
Fill in Re	eporting Period dates:	Beginning Date:	Mar 1	7, 2018	Ending	File with: City or Town Date: Apr 18, 20	111 19112	(Commission
Type of I	Report: (Check one)							
	y preceding preliminary	8th day preceding elec	ction	⊠ 30 day	after election	year-end repo	rt disso	olution
John W Er	ickson			The Cor	nmittee to Elect	John Frickson		
	Candidate Full Name	(if applicable)		1110 001	THINKECE TO LICCE	Committee Name		
Selectman	n, Milford, MA			Rosanna	a Blanchard-Eric	kson		
	Office Sought a					me of Committee Treasur	er	
10 Rosenf	eld Ave, Milford, MA 01757			10 Rose	nfeld Ave, Milfor			
E-mail:	Residential A	address		Emaile	C	ommittee Mailing Addres	S	
				E-mail:				
Phone # (opti	ional):			Phone # (c	optional):			
		SUMMARY BAI	LANC	E INFO	RMATION:			
	Line 1: Ending Bal	ance from previous repo	ort			2,29	7.87	
	Line 2: Total receip	ots this period (page 3, li	ine 11)			7,67	2.07	
	Line 3: Subtotal (li	ne 1 plus line 2)				9,96	9.94	
	Line 4: Total exper	nditures this period (page	e 5, line	:14)		9,96	9.94	
	Line 5: Ending Bal	ance (line 3 minus line 4	4)				0	
	Line 6: Total in-kind contributions this period (pa		iod (pag	ge 6)		7,67	2.07	
	Line 7: Total (all)	outstanding liabilities (pa	age 7)			·	0	
	Line 8: Name of ba	nk(s) used: Middlesex Sa	vings Ba	ink				
(certify that I activity, include finance activity signed under FOR CAN)	committee Treasurer: have examined this report including all contributions, loans, receipt of all persons acting under the atthe penalties of perjury: DIDATE FILINGS ONLY we with Committee and no activiting at I have examined this report included.	ts, expenditures, disbursements, whority or on behalf of this confusion. Affidavit of Candidate: (chery independent of the committee	in-kind comittee in a committee in a	ontributions a	nd liabilities for this th the requirements (Treasurer's	reporting period and reprof M.G.L. c. 55. signature) Date	: Apr 18, 201	8
activity, o incurred a	f all persons acting under the auth my liabilities nor made any expend	ority or on behalf of this commit ditures on my behalf during this r	ttee in according p	ordance with period.	the requirements of	M.G.L. c. 55. I have not	received any con	argii illiance itributions,
I certify the finance ac	e without Committee OR Candi nat I have examined this report inc tivity, including contributions, loa finance activity of all persons act	cluding attached schedules and it ans, receipts, expenditures, disburing under the authority or on behavior	is, to the b	est of my kn n-kind contr	owledge and belief, ibutions and liabilities	es for this reporting period	d and represents	aign the
Signed under	the nenglties of neriury	of Fred			(Candidatala	Date:	Apr 18, 201	8

(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.)

Date Received	Name and Residential Address	A	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Mar 30, 2018	DoCurral, Jean 19 Reagan Rd Milford, MA 01757	100	Retired
Mar 29, 2018	Erickson, John 10 Rosenfeld Ave Milford, MA 01757	345.6	Owner, Erickson Electric, Inc.
Mar 28, 2013	Erickson, John 10 Rosenfeld Ave Milford, MA 01757	758.88	Owner, Erickson Electric, Inc.
Apr 12, 2018	Erickson, John 10 Rosenfeld Ave Milford, MA 01757	3,783.08	Owner, Erickson Electric, Inc
Apr 12, 2018	Erickson, John 10 Rosenfeld Ave. Milford, MA 01757	2,184.51	Owner, Erickson Electric, Inc.
Mar 28, 2018	Pabla Gurmit 75 Darling Way Stoughton, MA 02072	500	Self Employed (store owner)
Line 9: Total Rece	ipts over \$50 (or listed above)	7,672.07	
Line 10: Total Rece	sipts \$50 and under* (not listed above)	0	
ing 11, TOTAL I	RECEIPTS IN THE PERIOD	7,672.07	← 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)		
	(F month reduited)		(101 COMMINGENIES OF \$200 OF MOTE)		
			,		
	,				
ine 9: Total Receipt	ts over \$50 (or listed above)				
Line 10: Total Receip	ts \$50 and under* (not listed above)				
Line 11: TOTAL RE	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2		
		0 Line 10 shoul	d include only those receipts not itemized above.		

^{*} 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 expen		mittee name and a page number of	n each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Apr 18, 2017	Erickson, John	10 Rosenfeld Ave Milford, MA 01757	Repayment, Loan to Committee	2,694.93
Mar 28, 2018	Milford Daily News	197 Main St Milford, MA 01757	Newspaper Ads	758.88
Mar 28, 2018	MyFM Media	258 Main St. Milford, MA 01757	Radio Ads	345.6
Apr 12, 2018	New England Professional Systems	PO Box 6002 Holliston, MA	Mail Advertisement	3,783.08
Mar 28, 2018	Starburst Printing	619 Hazard Ave Enfield, CT 06082	Printing	202.94
Apr 12, 2018	Starburst Printing	619 Hazard Ave Enfield, CT 06082	Printing	2,184.51
		Line 12: Total Expenditures over	er \$50 (or listed above)	9,969.94
		Line 13: Total Expenditures \$50	and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	9,969.94

^{*} 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)

1	To Whom Paid						
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount			
	(p		T at pose of Expenditure	Timount			
				Processing			
		Line 12: Expenditures over \$50	(or listed above)				
	-						
		Line 13: Expenditures \$50 and u	under* (not listed above)				
	Enton on mass 1 11 - 4	Line 14. TOTAL EVDENDITE	IDEC IN THE DEDIOD				
		Line 14: TOTAL EXPENDITU	nould include only those expenditures				

^{*} 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
Apr 18, 2018	Erickson, John	10 Rosenfeld Ave Milford, MA 01757	Forgiveness of Liabilities	7,809.6
<u> </u>		Line 15: In-Kind Contributions	s over \$50 (or listed above)	7,809.63
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on mage 1 line 6	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	7,809.63

^{*} 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
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