



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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MILFORD, MASS

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:

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)  
  
Office Sought and District  
  
Residential Address  
Telephone Number (optional):

Committee Name  
  
Name of Committee Treasurer  
  
Committee Mailing Address  
Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="3,519.72"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="3,519.72"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="3,519.72"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="50"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="1,605.72"/>
Line 8: Name of bank(s) used:	<input type="text" value="Bank of America"/>

**Affidavit of Committee Treasurer:**  
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:

**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:

## 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)
Mar 23, 2015	Braza, Susan 4 Acorn circle Milford Ma	100	
Mar 14, 2015	Committee, Kingkade 50 Woodridge Rd Milford Ma	100	
Mar 14, 2015	Correia, Alberto 3 Leah Lane Milford Ma	75	
Mar 14, 2015	Dias, Theresa 16 West Maple St Milford Ma	50	
Mar 14, 2015	Dibiasi, Suzanne 9 Debbie Lane Milford Ma	50	
Mar 14, 2015	Doiron, Ray 252 Purchase St Milford Ma	100	
Mar 14, 2015	Gaulik, David 16 Radcliffe Dr. Milford Ma	50	
Mar 12, 2015	Grintchenko, Gregory 25 Ramble Rd Milford Ma	150	
Mar 1, 2015	Harrison, Scott (LOAN) 2 Karen Lane Milford Ma	1,605.72	
Mar 14, 2015	Kingkade, Geraldine 50 Woodridge Rd Milford Ma	150	
Mar 13, 2015	Morin, Chris 57 Jionzo Rd Milford Ma	100	
Mar 14, 2015	O'Loughlin Tom 3 Isaiah Lane Milford Ma	50	

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under\* (not listed above)

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

← 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)
Mar 14, 2015	Russo, David 5 Colby Dr Milford Ma	50	
Mar 14, 2015	Sousa-Cosquette, Gloria 1 Clearview Dr Milford Ma	50	
Mar 14, 2015	Usher, Keith 179 Blackstone St Mendon Ma	50	
Mar 14, 2015	Usher, Rachel 179 Blackstone St Mendon Ma	50	

<b>Line 9: Total Receipts over \$50 (or listed above)</b>	2,780.72
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>	739
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	3,519.72

← 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
Mar 12, 2015	Big Daddy Signs	24 Lexington Dr Laconia NH	Yard Signs	414.23
Mar 13, 2015	BJ's	100 Corporate Drive Franklin MA	Supplies for Pizza Party Fundraiser	51
Mar 14, 2015	Italian American Vets Post #40	4 Hayward Field Milford MA	Hall Rental	200
Mar 16, 2015	Rosa's Villa	189 West St Milford MA	Food	415
Mar 12, 2015	Town Crier	48 Mechanic St Upton MA	Advertisements	511
Mar 26, 2015	Town Crier	48 Mechanic St Upton MA	Advertisements	1,022
Mar 4, 2015	WMRC First Class Radio	258 Main St Milford MA	Radio Advertisements	864
Line 12: Total Expenditures over \$50 (or listed above)			3,477.23	
Line 13: Total Expenditures \$50 and under* (not listed above)			42.49	
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>			<b>3,519.72</b>	

Enter on page 1, line 4 →

\* 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
			Line 15: In-Kind Contributions over \$50 (or listed above)	0
			Line 16: In-Kind Contributions \$50 & under (not listed above)	50
Enter on page 1, line 6 →			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	<b>50</b>

\* 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
Mar 1, 2015	Harrison, Scott	2 Karen Lane Milford MA	(Loan to Committee)	1,605.72

Enter on page 1, line 7 →	<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	<b>1,605.72</b>
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