



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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2017 SEP 11 PM 3:49

File with: City or Town Clerk or Election Commission  
Fill in Reporting Period dates: Beginning Date: 7/17/2017 Ending Date: 9/11/2017

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  
E-mail:  
Phone # (optional):

Milford CARES  
Committee Name  
Nancy N. Wojick  
Name of Committee Treasurer  
9 Emerson LN, Milford MA 01757  
Committee Mailing Address  
E-mail: nancynwojick@gmail.com  
Phone # (optional): 617-680-2477

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	8,191
Line 3: Subtotal (line 1 plus line 2)	8,191
Line 4: Total expenditures this period (page 5, line 14)	3,569.97
Line 5: Ending Balance (line 3 minus line 4)	4,621.03
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	Milford Federal Savings and Loan

**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: Nancy N. Wojick (Treasurer's signature) Date: 9/11/17

**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: \_\_\_\_\_

## 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)
8/7/2017	Michael Barton 34 Church St Milford MA 01757	300	Consultant
8/30/2017	Anthony Consigli 72 Sumner St Milford MA 01757	1,000	Owner Consigli Construction
8/8/2017	Geri Eddins 13 Briar Dr Milford MA 01757	150	
7/25/2017	Beverly Finkelstein 8 Emerson Ln Milford MA 01757	100	Retired
8/18/2017	Beverly Finkelstein 8 Emerson Ln Milford MA 01757	100	Retired
9/5/2017	The Catherine H, Mitchell Revocable Trust Catherine H. Mitchell TTEE 4 Kraft Rd, Milford MA 01757	200	Retired
8/1/2017	Barbara Morganelli 4 DiVittorio Dr Milford MA 01757	200	Retired
7/19/2017	Harold and Marcia Rhodes 11 Janock Rd Milford MA 01757	2,500	Self employed - Author
8/8/2017	Harold and Marcia Rhodes 11 Janock Rd Milford MA 01757	2,500	Self employed - Author
7/29/2017	Beverly Swymer 4 Joan Circle Milford MA 01757	100	Retired
9/10/2017	Beverly Swymer 4 Joan Circle Milford MA 01757	100	Retired
8/8/2017	Rosemary Trettle 9 Ferguson Rd Milford MA	100	
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		7,550	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		641	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		8,191	← 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)
8/22/2017	Nancy Wojick 9 Emerson Lane Milford MA 01757	200	Retired
	Page 2 Milford CARES		
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← 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
7/29/2017	Big Daddy's Signs	24 Lexington Dr Laconia NH 03246	Yard Signs	950
9/8/2017	Brandon Harmon	7 Trettel Dr. Milford MA 01757	Graphic Design - Postcard	125
9/3/2017	Cathy Mitchell	4 Kraft Rd Milford MA 01757	Facebook Promotion and Staples Invitation Printing	121.64
8/16/2017	Postal Center	9C Medway Rd Milford MA 01757	Flyers	450.08
9/10/2017	Beverly Swymer	4 Joan Circle Milford MA 01757	Invitation Mailing Supplies	158.53
8/21/2017	The Town Crier	48 Mechanic St Upton MA 01757	Advertising	1,022
9/1/2017	USPS		Postage - 1st Mailing	633.57
Line 12: Total Expenditures over \$50 (or listed above)				3,460.82
Line 13: Total Expenditures \$50 and under* (not listed above)				109.15
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>3,569.97</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.