



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BALLOT
QUESTION
2nd Report 2018

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2018 APR 13 PM 12:20

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2/27/2018 Ending Date: 4/5/2018

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)	Milford CARES
Office Sought and District	Committee Name
Residential Address	Nancy N. Wojick
E-mail:	Name of Committee Treasurer
Phone # (optional):	9 Emerson Lane, Milford MA 01757
	Committee Mailing Address
	E-mail: <u>nancynwojick@gmail.com</u>
	Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	6,431.84
Line 2: Total receipts this period (page 3, line 11)	5,000
Line 3: Subtotal (line 1 plus line 2)	11,431.84
Line 4: Total expenditures this period (page 5, line 14)	9,852.7
Line 5: Ending Balance (line 3 minus line 4)	1,579.14
Line 6: Total in-kind contributions this period (page 6)	2,280
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	Milford Federal Savings Bank

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: 4/12/18

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)
2/27/2018	Sira Naturals, Inc. 300 Trade Center, Suite 7700 Woburn MA 01801	5,000	Sira Naturals, Inc. Marijuana Cultivator
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		5,000	

* 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)

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 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
3/5/2018	BJs Wholesale Club	100Corporate Dr Franklin MA	Victory party supplies	76.24
3/5/2018	Hickey's Liquors	396 East Main St Milford MA	Beverages for Victory party	244.58
2/26/2018	Myfm103	Congress St. Milford MA	Radio spots	930
3/5/2018	Myfm 103	Congress St. Milford MA	Michael Dundas	148.5
3/1/2018	McCarthy and King Marketing	8 Esther Dr Mildford MA	Advertising/direct mail	7,292
3/6/2018	Oliva's Market	Main St Milford MA	Food Victory party	90
3/5/2018	Political Marketing Intl., Inc.	4415-C Constitutional Lane Marianna FL 32447	Robo calls	135
3/2/2018	Postal Center	9C Medway Rd Milford MA	"Still Yes" signs	239.06
3/6/2018	Restaurant 85	45 Milford St Medway MA	Dinner Victory party	519.14
3/6/2018	Sunnyside Florists	Rt 85 Hopkinton MA	Supplies Victory party	125.24
Line 12: Total Expenditures over \$50 (or listed above)				9,799.76
Line 13: Total Expenditures \$50 and under* (not listed above)				52.94
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				9,852.7

* 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
3/8/2018	Extra Value Checks	Milford Federal Savings Main St Milford MA	Additional checks	18.78
3/52018	Michaels	251 Hartford Ave Bellingham MA	Supplies Victory Party	13.32
2/10/2018	Staples	200 Fortune Blvd Milford MA	Copies and postage	20.84
			Line 12: Expenditures over \$50 (or listed above)	
			Line 13: Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	

* 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
3/6/2018	Sira Naturals, Inc.	300 Trade Center Woburn MA	152 Labor Hours	2,280
			Line 15: In-Kind Contributions over \$50 (or listed above)	2,280
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	2,280

* 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.



Commonwealth
of Massachusetts

Form CPF SV-1 (M): Report of Subvendor Payments
(Municipal)
Office of Campaign and Political Finance

File with: Local Election Official

Please itemize any payments made to subvendors by detailing the date, payee, address, purpose and amount for each expenditure made by the vendor whom you contracted with for goods and/or services.

Filer Name: Milford CARES

Name of Original Vendor: McCarthy & King Marketing, Inc.

Date of payment: March 1, 2018

Total amount of payment: \$12,372.42

ITEMIZE SUBVENDOR PAYMENTS (OR LIABILITIES INCURRED) OF \$500 OR MORE

Date Paid	Subvendor Name	Subvendor Address	Purpose of Expenditure	Amount
3/1/18	MP Design	346 Belknap Road Framingham, MA 01701	Graphic Design	\$1,560.00
3/1/18	Storbust Printing	300 Hopping Brook Road Holliston, MA 01746	Printing	\$5,157.00
3/1/18	New England Professional Systems (NEPS)	390 Hopping Brook Road Holliston, MA 01746	Address/Mailing Services	\$1972.00
3/1/18	New England Professional Services (NEPS)	390 Hopping Brook Road Holliston, MA 01746	Postage (pass through to USPS)	\$3,677.42

(Attach additional pages, if necessary.)

Line 1: Total Itemized Subvendor Expenditures (itemized above):

\$12,372.42

Signed under the penalties of perjury:

Signature

Date:

Name:

(Include title if signing on behalf of a group)

Please prepare a separate report for each check issued to a vendor who made subvendor payments.