



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/21/2018 Ending Date: 2/26/2018

## 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>nancynewojick@gmail.com</u>
	Phone # (optional): <u>617-680-2477</u>

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	524.14
Line 2: Total receipts this period (page 3, line 11)	17,500
Line 3: Subtotal (line 1 plus line 2)	18,024.14
Line 4: Total expenditures this period (page 5, line 14)	11,592.3
Line 5: Ending Balance (line 3 minus line 4)	6,431.84
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	1,470
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: 2/26/2018

### 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)
1/23/2018	Sage Naturals, Inc. 300 Trade Center Ste. 7700 Woburn MA 01801	10,000	Sage Naturals, Inc. 300 Trade Center Ste. 7700 Woburn MA 01801
2/23/2018	Sira Naturals, Inc. 300 Trade Center Ste. 7700 Woburn MA 01801	7,500	Sira Naturals, Inc. 300 Trade Center Ste. 7700 Woburn MA 01801
Line 9: Total Receipts over \$50 (or listed above)		17,500	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		17,500	

\* 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
1/23/2018	McCarthy&King Marketing, Inc	8 Esther Dr Milford MA 01757	Services Fee	5,000
2/13/2018	McCarthy&King Marketing, Inc	8 Esther Dr Milford MA 01757	Direct Mail Postage	1,321.92
2/23/2018	McCarthy&King Marketing, Inc	8 Esther Dr Milford MA 01757	Direct Mail Campaign	3,156.64
2/23/208	McCarthy&King Marketing, Inc	8 Esther Dr Milford MA 01757	Town Meeting Mailing	598
2/12/2018	The Town Crier	48 Mechanic St Upton MA 0568	Print Ad	1,022
2/16/2018	USPS	Congress St. Milford MA 01757	Stamps	350
2/20/2018	USPS	Congress St. Milford MA 01757	Stamps	122.5
		Line 12: Total Expenditures over \$50 (or listed above)		11,571.06
		Line 13: Total Expenditures \$50 and under* (not listed above)		21.24
Enter on page 1, line 4 →		Line 14: TOTAL EXPENDITURES IN THE PERIOD		11,592.3

\* If expenditures are listed on more than one page, include your committee name and a page number on each page.)

\* 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 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
2/16/2018	McCarthy&King	8 Esther Dr. Milford MA 01757	Postcards	540
2/26/2018	Myfm Media	258 Main St. Milford MA 01757	Radio Advertisements	930
Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				1,470