

Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE

MUNICIPAL FORM

Office of Campaign and Political Finance

TECEIVED

2018 MAR 28 AM 9: 25

City or Town Clerk or Election Cor	numission IILE (IRD M7
	Please print or type all information, except signatures
candidate's committee as for	TEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a sollows:
1. Committee Name:	(The name of the committee most include the candidate's last name)
2. Committee Address:	. 76 Congress St., Milford, MA 01757
2a. Mailing Address:	
3. Purpose:	Cisnary Trustice Electron
4. Officers: Chairman:	Name Residential Address Zip Tel. No. Marco Ben Tango FG Congress St. Milford MA 58-500-5212
Treasurer:	508-560-5313
Other officer:	
Other officer:	Attach additional page, if necessary, with other officers and finance committee, if any
5. Candidate:	MARCO BON TEMPO TO Chagess St, Milford MACITST
6. Office Sought:	Name Address 2.10 16.100. (528) 560 5313
. /	I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election. SIGNED UNDER THE PENALTIES OF PERIURY: Candidate's signature Date
	I hereby accept the office of treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election. SIGNED UNDER THE PENALTIES OF PERIURY: Date I hereby accept the office of Chairman of the above-named committee. SIGNED UNDER THE PENALTIES OF PERIURY:



Form CPF M 102: Campaign Finance Report MCCEIVED Municipal Form OWN CLERK'S OFFICE

Office of Campaign and Political Finance

2018 MAR 28 AM 9: 25

MASS

fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission Ending Date: 316 18
ype of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30	day after election
Candidate Full Name (if applicable) Candidate Full Name (if applicable) Constituting Times Polication Office Sought and District For Congress S. S. M. I. for M. M. Residential Address Clephone Number (optional): 508 500 -5313 Tolephone	Committee La Select Marco Ber 15. Committee Name Marco Bord 12 1900 Name of Committee Treasurer 16 Congres 2 S. A. Milford MA Committee Mailing Address
SUMMARY BALANCE INF	ORMATION:
Line 1: Ending Balance from previous report	Q
Line 2: Total receipts this period (page 3, line 11)	(2)
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	\$510.00
Line 5: Ending Balance (line 3 minus line 4)	\$ 510.00
Line 6: Total in-kind contributions this period (page 6)	\$ 510.00
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
davit of Committee Treasurer: tify that I have examined this report including attached schedules and it is, to the best of my kny ity, including all contributions, loans, receipts, expenditures, disbursements-in-kind contribution accurately of all persons acting under the authority of on behalf of this committee in accordance and under the penalties of perjury: Recording the Cambibate Fillings only: Affidavit of Candidate: (check I have only) Gandlidate with Committee and no activity independent of the committee activity, of all persons acting under the authority or on behalf of this committee in accordance of activity, of all persons acting under the authority or on behalf of this committee in accordance of incurred any liabilities nor made any expenditures on my behalf during this reporting period.	ors and habilities for this reporting period and represents the compaign be with the requirements of M.O.L. c. 55. (Treasurer's signature) Datte: 3/7.4/6
Candidate without Committee OR Candidate with independent activity filing separate re- l certify that I have examined this report including attached schedules and it is, to the best of in- function activity, including contributions, loads, receipts, expenditures, disbursements, in-laud, earmpaign finance activity of all persons acting under the authority or on-jobal of this commit- ed under the pendities of perjury:	y knowledge and belief, a true and complete statement of all campaign

SCHEDULE A: RECEIPTS

M.G.L. c. 35 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 items a 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)
3/15/18	See works of Milyer		1 (1 (E)
3/19/10	10 Comment 111/		Maring Hickory
		<u> </u>	
		<u>:</u>	
		·	
		` <u> </u>	
	over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			i
Line 11: TOTAL RE	CEIPTS IN THE PERIOD		- Enter on page 1, time 2

Line 11: TOTAL RECEIPTS IN THE PERIOD

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		<u> </u>	
		== = == ;	
		<u></u>	
		7.7-E	
Line 9: Total Receives	over \$50 (or listed above)		
Line 10: Total Receipts	<u> </u>		
Line 11: TOTAL REC	EIPTS IN THE PERIOD	<u></u>	Conter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include unly 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.)

D 7 (1)	To Whom Paid	The name and a page number on		·
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/19/6	English and	color 42	Alvintes art	\$57000
	<u> </u>		= =====	
Line 12: Total Expenditures over \$50 (or listed above)				
	<u> </u>	ine 13: Total Expenditures \$50 a	· · · · · · · · · · · · · · · · · · ·	
	Enter on page 1, line 4 → 1	anc 14: TOTAL EXPENDITU	RES 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. above. Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	Paid (alphabetical listing) Address Purpose of Favor Form			r ·
		Address	Purpose of Expenditure	Amount
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		}		
	-=	Lire 12: Exponditures and Con-		===
		Line 12: Expenditures over \$50 (c	l	
		Line 13: Expenditures \$50 and und	der* (not listed above)	
	Fitter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			

Finter 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.

			r · · · · · · · · · · · · · · · · · ·		
Date Received		Residential Address	Description of Contribution	Value	
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3/19/10	Max Darky	Milian ne	Some	‡ 10 -	
				· · · · · · · · · · · · · · · · · · ·	
				<u> </u>	
			L		
[L]L	Line 15: in-Kind Contributions over \$50 (or listed above)				
	Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 4, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				· · · · · · · · · · · · · · · · · · ·	

^{*} 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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