



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

Please print or type all information, except signatures.

MILFORD, MASS.

Fill in dates:

Reporting Period Beginning

Month

Date

Year

1-3-2011

Ending

Month

Date

Year

3-28-2011

Type of report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

William D. Buckley

Full Name of Candidate (if applicable)

Milford Board of Selectman

Office Sought and District

32 Iadardola Ave Milford MA 01757

Residential Address

Tel. No. (optional)

Committee to Elect Bill Buckley Selectman

Committee Name

Jyll M. Buckley

Name of Committee Treasurer

32 Iadardola Ave Milford MA 01757

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report

\$ 0

Line 2: Total receipts this period (page 2, line 11)

\$ 8560.89

Line 3: Subtotal (line 1 plus line 2)

\$ 8560.89

Line 4: Total expenditures this period (page 3, line 14)

\$ 5833.77

Line 5: Ending balance (line 3 minus line 4)

\$ 2727.12

Line 6: Total in-kind contributions this period (page 4)

\$ 0

Line 7: Total (all) outstanding liabilities (page 4)

\$ 2442.89

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:

Treasurer's signature (in ink)

Jyll M. Buckley

3-29-11

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 signature (in ink)

William D. Buckley

3-29-11

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.

This page may be copied 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)
3-11-11	113 Highland St Milford Ma 01757 Berardi Pasquale & Barbara	100	00	
3-5-11	Buckley David & Rose 11 Susans Way Franklin Ma 02038	100	00	Sr Business Analyst Hanover Insurance
3-11-11	Buckley David & Rose 11 Susans Way Franklin Ma 02038	100	00	Quality Mgr. Ximedica Corp.
2-9-11 2-14-11 3-29-11	Buckley William (Joan) 32 Tadamla Ave Milford, Ma 01757	2,442	89	
3-5-11	Correia Alberto 3 Leah Lane Milford, Ma 01757	50	00	
3-5-11	Costanza, Eugene 6 Ryan Rd Milford Ma 01757	100	00	
3-5-11	Delfanti Thomas & Susan 8 South Terrace Milford Ma 01757	100	00	
3-12-11	DelVecchio Lawrence & Regina 7 Memory Ln. Milford Ma 01757	100	00	
3-11-11	Falvey David & Esther 15 Claridge Circle Milford, Ma 01757	60	00	
3-5-11	Flomere Brian & Janet 25 Corp Rd Milford Ma 01757	50	00	
3-21-11	Le Blanc Frances R 14 Cornell Dr Milford, Ma 01757	100	00	
3-11-11	Lindquist Arthur & Sheila 6 Wildwood Dr Milford Ma 01757	100	00	
2-29-11	Lindquist Arthur & Sheila 6 Wildwood Dr Milford, Ma 01757	50	00	
3-5-11	Moro Mary 7 Conniff Ave Milford, Ma 01757	50	00	
3-24-11	Pognini Ronald 208 Main St Suite 118 Milford Ma 01757	100	00	
Line 9: Total receipts in excess of \$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.

This page may be copied 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	
2-9-11	Big Daddy's Signs	37 N. Boyd St Winter Garden, FL 34787	Signs	817	89
3-11-11	Cafe Sorrento	143 Central St Milford Ma 01757	campaign Function	984	50
1-23-11	ITAM vets	4 Hayward Field Milford Ma 01757	Hall deposit	100	00
3-27-11	ITAM vets	4 Hayward Field Milford Ma 01757	Hall rental	200	00
3-3-11	Jet Press	323 Main St Milford Ma 01757	Re-election cards	159	38
3-9-11	Town Crier Publications	48 Mechanic St Upton Ma 01568	Political ad	630	00
3-12-11	Town Crier Publications	48 Mechanic St Upton Ma 01568	Political ad	420	00
3-29-11	Town Crier Publications	48 Mechanic St Upton Ma 01568	Political ad	800	00
2-25-11	WMRC	258 Main St Milford Ma 01757	Radio ads	1575	00
3-28-11	WMRC	258 Main St Milford Ma 01757	Radio ads	147	00
Line 12: Expenditures over \$50				5833	77
Line 13: Expenditures \$50 and under*					0
Line 14: TOTAL EXPENDITURES				5833	77

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.

Committee to
Elect Bill Buckley

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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

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Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
3-11-11	Panorese Richard F Patricia 38 S Centrd S Milford Ma 01757	100	00	
3-11-11	Parretti Michael F Holly 1 Eben St Milford Ma 01757	100	00	
3-11-11	Pavia Robert F Teed Melanie 3 North St Milford Ma 01757	50	00	
3-5-11	Sayles Michael F Ruth 12 Shud Rd Hopedale Ma 01747	200	00	Developer Self-employed
3-11-11	Scialdone Domenic F Sandra 37 Taft St Milford Ma 01757	100	00	
3-5-11	Spino Timothy F Cynthia 15 Wales St Milford Ma 01757	50	00	
3-5-11	Timm Michael 38 Field Pond Rd Milford Ma 01757	100	00	
3-2-11	Veilleux Peter 2 Cornell Dr Milford Ma 01757	50	00	
3-2-11	Villani, Mary 29 Iadarola Ave Milford Ma 01757	50	00	
Line 9: Total receipts in excess of \$50 (or listed above)		4402	89	
Line 10: Total receipts \$50 and under* (not listed above)		4158	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		8560	89	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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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
2-9-11 ↓ 3-29-11	Buckley William D.	32 Iadarola Ave Milford	loan from candidate	2,442.89
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	2,442.89