



Commonwealth of
Massachusetts

File with: City or Town Clerk
or Election Commission

Form CPF M 101 BQ: STATEMENT OF ORGANIZATION

BALLOT QUESTION COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

2013 JUN 17 PM 12:39

MILFORD, MASS

Please print or type all information, except signatures

NOTICE IS HEREBY GIVEN, in accordance with the provisions of M.G.L. Chapter 55, of the organization of a ballot question committee as follows:

1. Name:

(See note 1)

CASINO FREE MILFORD

2. Mailing Address:

7 DEBBIE LN.

MILFORD, MA 01757

3. Purpose/ Specific issues
and interests (See note 2)

EDUCATE THE PUBLIC RELATIVE
TO THE IMPACT OF A CASINO IN
MILFORD

4. Topic of question:

POTENTIAL CASINO

Question number, if applicable

5. Committee is formed to (check one): support ☐ / oppose ☒ the question.

508 473 6795

6. Officers:

STEVEN TRETTLE 9 FERGUSON ST MILFORD MA 01757
Name Residential Address City/State/ZIP Tel. No. 508 473 2724

Chairman:

JOHN SEAVER 7 DEBBIE LN MILFORD MA 01757

Treasurer:

DAVATO NIRO 7 N VINE ST MILFORD MA 01757 508 473 6772

Other Officer:

I accept the office of Treasurer [Signature]

Attach additional page, if necessary, with other officers and finance committee, if any.

The chairman and treasurer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election. Chapter 55 also specifies that no expenditures shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents; and, that all the funds of a political committee shall be kept separate from any personal funds of any officers, members or associates of such committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

I hereby accept the office of Chairman of the above-named committee:

[Signature]
Chairman'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. I am aware that an appointed public employee may not serve as treasurer of a ballot question committee.

[Signature]
Treasurer's signature

Date

4-10-13

4/11/13



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

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2013 NOV 12 PM 2:42

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

4/1/13

Ending Date:

11/4/13

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

Telephone Number (optional):

Carina Free Milford

Committee Name

DONATO F. NIRO

Name of Committee Treasurer

7 DEBBIE LN MILFORD MA

Committee Mailing Address

Telephone Number (optional):

508-473-6772

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

First NA Report

Line 2: Total receipts this period (page 3, line 11)

23,770

Line 3: Subtotal (line 1 plus line 2)

23,770

Line 4: Total expenditures this period (page 5, line 14)

13,795.79

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

9974.21

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

-0-

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

-0-

Line 8: Name of bank(s) used:

Unibank

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)

Date:

11/4/13

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:

1087

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)
9/11/13	David Bastille 136 Rockland St Holliston MA 01746	100	
9/30/13	Linda Conklin Deane 87 Main Rd Milford MA	100	
9/12/13	Regina Delvecchio 7 Main St Milford MA	100	
8/19/13	RJ Dourne 85 Main St Hopkinton MA	500	Pending
5/1/13	Frederick Drake 11 Trinity Dr Milford MA	100	
5/1/13	Beverly Finkelstein 8 Emerson Ln Milford MA	100	
10/30/13	Vincent Fratolia 8 Windsor Dr Dorchester MA	100	
10/1/13	Josephine Guerina 3 Stonebrook Ln Milford MA	100	
8/26/13	Thomas Parker 49 Concord St Bedford MA	100	
9/23/13	Chrysa Lawless 23 Pinecrest Rd Holliston MA	100	
9/12/13	Mitchell Lugo 101 Ferris St Holliston MA	100	
5/14/13	Delmar Macdonald 20 Daniels St Hopedale MA	100	
Line 9: Total Receipts over \$50 (or listed above)		1600	
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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/15/13	Danna Maresca 44 Blueberry Ln Hopkinton MA	500	Pending
9/10/13	Edward Mc Lellan 5 Washington Path Holliston MA	100	
10/31/13	Joan Mc Lellan 5 Washington Path Holliston, MA	100	
10/31/13	Barbara Mc Vey 18 Woodridge Rd Milford MA	500	Pending
10/31/13	Robert & Catherine M. Tobolski 45 West Rd Milford, MA	300	Consultant/self
5/8/13 8/26/13	Barbara Morganella 41 Victoria Dr Milford, MA	500	Real Estate/self
9/16/13	James M. Tschler 14 Granite St. Hopkinton, MA	100	
9/12/13	Joseph Napoli 25 Vantage Rd Milford, MA	100	
5/22/13	NE Steak House 11 Winding Rd Mendon MA	200	Restaurant
5/29/13	Night N Dory Pub 49 Milford St. Medford MA	250	Restaurant
5/28/13	Papa Grill & Bar 228 1/2 E Main St Milford, MA	200	Restaurant
8/19/13	Harold Charles 11 Vantage Rd Milford, MA	2500	Retired
5/11/13 9/11/13	Frene Kuznetsov 14 Western Ave Milford, MA	100	
Line 9: Total Receipts over \$50 (or listed above)		5450	
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.

Cosima Free
Milford

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/12/13	John Leaver 3 Debbie Ln Milford, MA	500	CEO Self
9/26/13	Beverly Surjmer Wan O'Connell Milford, MA	150	
9/12/13	Steven Trettel 9 Ferguson St Milford MA	500	Engineer Self
10/4/13	Tiffles Bull & White Bar 185 E Main St. Milford MA	790	Restaurant
8/7/13	John Walker 9 Boston Cir Milford MA	100	
9/10/13	Woodhouse Farm Holliston MA	5000.00	Pending
5/1/13	Nancy Wofick 9 Emerson Ln Milford, MA	100	
Electronic Receipt Information Pending			
I will report next report			
Line 9: Total Receipts over \$50 (or listed above)		7140	1600 + 5450 + 7140 = 14,190
Line 10: Total Receipts \$50 and under* (not listed above)		9580	
Line 11: TOTAL RECEIPTS IN THE PERIOD		23,770	← 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.

Cosmo Free
Milford

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
4/19/13	Hot Plates	543 Concord St Holliston MA	Printing/signs	600
9/30/13	Office Depot	1 Worcester Rd Frammingham MA	Printing	56.07
var	Postal Ctr	9C Medbury Rd Milford, MA	Printing	1114.56 1511.67
1/3 10/28	US PS US PS	Congress St Milford, MA	Mailing	395.60 1854.45
7/31	Ridgewood Printing	163 Main St Milford, MA	Printing	54.00
var	Ken Rocket	21 Hampshire St Holliston MA	Printing/signs	272.96
var	Sen Muel More	189 West St Milford, MA	Printing	465.00
var	Staples	180 Main St Westborough MA 200 Main St Milford MA	Printing & sup.	466.90
10/3/13	WMRC	258 Main St Milford, MA	Advertising	4166.55
10/30	Levellus Press Robert State	71.56 Pleasant St Amherst, MA Came	Expense Reimburse	300

Line 12: Total Expenditures over \$50 (or listed above) 13,276.84

Line 13: Total Expenditures \$50 and under* (not listed above) 18.95

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD 13,295.79

* 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.

* 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
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	-0-