



Form CPF M 101 BQ: STATEMENT OF ORGANIZATION  
BALLOT QUESTION COMMITTEE

MUNICIPAL FORM RECEIVED

Commonwealth of  
Massachusetts

Office of Campaign and Political Finance

File with: City or Town Clerk  
or Election Commission

TOWN CLERK'S OFFICE  
2013 SEP 16 PM 2:17

Please print or type all information, except signatures MILFORD, MASS

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)

Citizens for Milford's Future

2. Mailing Address:

P.O. Box 277  
Milford, MA 01757

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

To support the development of the Foxwoods MA Resort  
Casino + Advocate in favor of the Nov. 19 ballot question

4. Topic of question:

Host Community Agreement between the Town of Milford and  
Crossroads MA, LLC (ORCA - Foxwoods MA)

Question number, if applicable

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

6. Officers:

Name

Residential Address

City/State/ZIP

Tel. No.

Chairman: Michael Kaplan 37 Bowdoin Dr. Milford MA 01757 508-963-3700

Treasurer: Alexandra Cenedella 43 E. Walnut St. Milford, MA 01757 (508) 478-7

Other Officer:

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:

Michael Kaplan  
Chairman's signature

9/10/13  
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.

Alexandra Cenedella  
Treasurer's signature

9/10/13  
Date



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2013 NOV 12 PM 4:00

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

9-9-2013

Ending Date:

11-12-2013

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):

Citizens for Milford's Future
Committee Name
Alexandra Cenedella
Name of Committee Treasurer
P.O. Box 277, Milford, MA 01752
Committee Mailing Address
Telephone Number (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	\$ 23,500.00
Line 3: Subtotal (line 1 plus line 2)	\$ 23,500.00
Line 4: Total expenditures this period (page 5, line 14)	\$ 4,945.42
Line 5: Ending Balance (line 3 minus line 4)	\$ 18,554.58
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:	Commerce 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:

Alexandra Cenedella (Treasurer's signature)

Date: 11/07/13

### 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:

## 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)
9-30-13	Foxwoods Resort Casino 350 Trolley Line Blvd. Mashantucket, CT 06338	\$5,000.00	
10-28-13	Foxwoods Resort Casino 350 Trolley Line Blvd. Mashantucket, CT 06338	\$18,500.00	
Line 9: Total Receipts over \$50 (or listed above)		\$23,500.00	
Line 10: Total Receipts \$50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$23,500.00	← 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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← 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
10-9-13	Arcos Market 34 main St. milford, MA	34 main St milford, MA 01752	Food for Meeting	\$58.00
10-28-13	Arcos Market	34 main St. milford, MA 01752	Food for Meeting	\$85.00
10-28-13	495 Rental	189 medway Rd. milford, MA 01752	Tent Rental	\$588.94
9-30-13	Gatehouse Media	33 New York Ave Framingham, MA 01701	Newspaper Ads	\$2,517.48
10-11-13	Milford Community Media Center	138 Main St, #6 Milford, MA 01752	TV Membership	\$1500
10-9-13	Milford Portuguese Club	119 Prospect Heights Milford, MA 01752	Club Rental for meeting	\$551.00
10-28-13	Turtle Tavern	72 Main St. Milford, MA 01752	Catering	\$1,200.00
Line 12: Total Expenditures over \$50 (or listed above)				\$4,945.42
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				\$4,945.42

\* 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)**[illegible]

\* 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
		<b>Line 15:</b> In-Kind Contributions over \$50 (or listed above)		
		<b>Line 16:</b> In-Kind Contributions \$50 & under (not listed above)		
Enter on page 1, line 6 →		<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>		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 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	