



Form CPF M101 : STATEMENT OF ORGANIZATION  
CANDIDATE'S COMMITTEE  
MUNICIPAL FORM  
Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE  
2010 MAY -5 PM 12:05

File with:  
City or Town Clerk or Election Commission TOWN OF MILFORD

Please print or type all information, except signatures

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

1. Committee Name: COMMITTEE TO ELECT BARBARA E. CLEMENT  
(The name of the committee must include the candidate's last name)
2. Committee Address: 31 ROLLING GREEN DRIVE, MILFORD, MA 01757-1454
- 2a. Mailing Address: SAME AS #2
3. Purpose: ELECTION OF CANDIDATE & TO RAISE CAMPAIGN FUNDS
4. Officers:
- |                | Name                      | Residential Address                     | 01757<br>Zip | Tel. No.            |
|----------------|---------------------------|---|--------------|---------------------|
| Chairman:      | <u>BARBARA E. CLEMENT</u> | <u>31 ROLLING GREEN DR. MILFORD, MA</u> | <u>01757</u> | <u>508-478-2830</u> |
| Treasurer:     | <u>NANCY A. KOSIVAS</u>   | <u>31 ROLLING GREEN DR. MILFORD, MA</u> | <u>01757</u> | <u>508-478-2830</u> |
| Other officer: |                           |   |              |                     |
| Other officer: |                           |   |              |                     |
- Attach additional page, if necessary, with other officers and finance committee, if any
5. Candidate: BARBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD, MA 508-478-2830
- | Name              | Address                | 01757<br>Zip | Tel. No. |
|-------------------|------------------------|--------------|----------|
| <u>CON STABLE</u> | <u>TOWN OF MILFORD</u> | <u>NONE</u>  |          |
6. Office Sought:
- | Title | District | Party affiliation, if applicable |
|-------|----------|----------------------------------|
|       |          |                                  |

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 PERJURY:

Barbara E. Clement 14 April 2010  
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 PERJURY:

Nancy Kosivas 4/14/2010  
Treasurer's signature Date

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Barbara E. Clement 14 April 2010  
Chairman's signature Date





Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2010 MAR 29 PM 1:17

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

TOWN OF MILFORD  
MILFORD, MASS.

## Fill in dates:

Reporting Period Beginning <sup>Month</sup> DEC. <sup>Date</sup> 31 <sup>Year</sup> 2009 Ending <sup>Month</sup> MAR. <sup>Date</sup> 29 <sup>Year</sup> 2010

## Type of report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

BARBARA E. CLEMENT

Full Name of Candidate (if applicable)

CONSTABLE - 3 YR. TERM - MILFORD

Office Sought and District

31 ROLLING GREEN DR. MILFORD, MA 01757

Residential Address

508-478-2823

Tel. No. (optional)

COMM. TO ELECT BARBARA CLEMENT

Committee Name

NANCY A. KOSKIVAS

Name of Committee Treasurer

31 ROLLING GREEN DR. MILFORD MA 01757

Committee Mailing Address

508-478-2823

Tel. No. (optional)

## SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 51.40

Line 2: Total receipts this period (page 2, line 11) \$ 1,626.20

Line 3: Subtotal (line 1 plus line 2) \$ 1,677.60

Line 4: Total expenditures this period (page 3, line 14) \$ 1,253.93

Line 5: Ending balance (line 3 minus line 4) \$ 423.67

Line 6: Total in-kind contributions this period (page 4) \$ 0.00

Line 7: Total (all) outstanding liabilities (page 4) \$ 0.00

Line 8: Name of bank(s) used ROCKLAND TRUST (FORMERLY BEN FRANKLIN)

## 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)

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)

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)
4 JAN '10 TO 24 MAR '10	BARBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD	798 20	RETIRED MILITARY CANDIDATE FOR CONSTABLE
30 MAR '10	BAKE SALE (FUND RAISER)	353 00	VARIOUS PURCHASERS
		1,151 20	
Line 9: Total receipts in excess of \$50 (listed above) (COMBINED FROM ABOVE)		1,151 20	
Line 10: Total receipts \$50 and under* (not listed above)		475 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,626 20	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	
19 MAR'10	MARKET BASKET	274 HARTFORD AVE. BELLINGHAM, MA 02018	FOOD, BEVERAGES & SUPPLIES - BAKE/FOOD SALE	80	26
16 MAR'10	MILFORD DAILY NEWS	159 S. MAIN ST. MILFORD, MA 01757	POLITICAL AD FOR BAKE/FOOD SALE FUNDRAISER	216	00
26 MAR'10	MINUTEMAN PRESS	40 MEDWAY ROAD MILFORD MA 01757	CAMPAIGN FLIERS	125	00
25 FEB'10	SHAW'S SUPERMARKET	1 PROSPECT ST. MILFORD, MA 01757	FOOD FOR CAMPAIGN COMMITTEE MEETING	55	63
				Line 12: Expenditures over \$50	476 89
				Line 13: Expenditures \$50 and under*	777 04
				Line 14: TOTAL EXPENDITURES	1253 93

Enter on page 1, line 4

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.



### 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
Line 15: In-kind over \$50				0.00
Line 16: In-kind \$50 and under				0.00
<b>Line 17: Total In-kind</b>				<b>0.00</b>

Enter on page 1, line 6

\* 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.

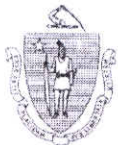
### SCHEDULE D: LIABILITIES

*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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				<b>0.00</b>

Enter on page 1, line 7





Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
OWN CLERK'S OFFICE

2011 JAN 26 PM 1:11

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 5 Date 6 Year 10 Ending Month 12 Date 31 Year 10

## Type of report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ Year-end report ☐ dissolution

BARBARA K. CLEMENT

Full Name of Candidate (if applicable)

CONSTABLE

Office Sought and District

31 ROLLING GREEN DRIVE MILFORD

Residential Address

608-478-2832

Tel. No. (optional)

Committee Name

COMMITTEE TO ELECT BARBARA CLEMENT

Name of Committee Treasurer

NANCY A. KOSHIVAS

Committee Mailing Address

31 ROLLING GREEN DR. MILFORD

608-478-2832 Tel. No. (optional)

## SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 49.96

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

Line 3: Subtotal (line 1 plus line 2) \$ 49.96

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

Line 5: Ending balance (line 3 minus line 4) \$ 49.96

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

Line 7: Total (all) outstanding liabilities (page 4) \$ —

Line 8: Name of bank(s) used ROCKLAND TRUST (FORMERLY BEN FRANKLIN)

## 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:

[Signature]  
Treasurer's signature (in ink)

JAN. 19, 2011

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:

[Signature]  
Candidate signature (in ink)

19 January 2011  
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.

[illegible]

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.

[illegible]

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.



### 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	0.00
			Line 16: In-kind \$50 and under	0.00
			<b>Line 17: Total In-kind</b>	<b>0.00</b>

\* 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: OUTSTANDING LIABILITIES (ALL)</b>	

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