

## Form CPF M101: STATEMENT OF ORGANIZATION

# CANDIDATE'S COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

RECEIVED
HOWIN CLERK'S DEFICE

2010 MAY -5 PM 12: 05

Name Address  Office Sought:  Address  Zip Tel. No.  MONE  TOWN OF MILFURD  WONE	Commonwealth of Massachusetts	2010 First -5 First 12: U5
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: 3/ ROLLENG GREEN DRIVE, MILFORD, WA 01757-1454  2a. Mailing Address: SAME AS # 2  3. Purpose: ELECTION OF CANDIDATE & TO RAISE CAMPAIGN FUNDS 4. Officers: Name Residential Address 21257 Tel. No. Chairman: JARBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD MA 308-478-2835 Other officer: Other officer: Other officer: Other officer: Attach additional page, if necessary, with other officers and finance committee, if any Name Address Zip Tel. No. 6. Office Sought: CON STABLE TOWN OF MILFORD NORE.		Commission 1000 OF MILLPORE
2. Committee Name: COMMITTEE TO ELECT BARBARA E. CLEMENT (The name of the committee must include the candidate's last name)  2. Committee Address: 3/ ROLLING BREEN DRIVE, MILFORD, MA 01757-1454  2a. Mailing Address: SAME AS # 2  ELECTION OF CANDIDATE & TO RAISE CAMPAIGN FUNDS  4. Officers: Residential Address 201257  Chairman: BALBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD MA 508-478-2832  Other officer: Other officer: Other officer:  Other officer:  Attach additional page, if necessary, with other officers and finance committee, if any  Name Address Zip Tel. No.  BARBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD, MA 508-478-2832  OTTST  5. Candidate: BARBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD, MA 508-478-2832  Name Address Zip Tel. No.  Name Address Zip Tel. No.  ON STABLE TOWN OF MILFORD NOWE.		
(The name of the committee must include the candidate's last name)  2. Committee Address: 3/ ROUING GREEN DRIVE, MILFORD, MA 017:57-1454  2a. Mailing Address: SAME AS # 2  3. Purpose:  LECTION OF CANDIDATE & TO RAISE CAMPAION FUNDS  Chairman:  Name  Residential Address  Chairman:  DANDARA & CLEMENT 31 ROUING GREEN DR. MILFORD, MA 508-478-2830  Other officer:  Other officer:  Other officer:  Other officer:  Attach additional page, if necessary, with other officers and finance committee, if any  O1757  5. Candidate:  BARBARA & CLEMENT 31 ROUING GREEN DR. MILFORD, MA 508-478-2830  Name  Address  Zip Tel. No.  O757  DANDER TEL. NO.  STABLE TOWN OF MILFORD  NONE.		ollows:
2a. Mailing Address: SAME AS # 2  3. Purpose: ELECTION OF CANDIDATE & TO RAISE CAMPAIGN FUNDS  4. Officers: Name Residential Address Zip Tel. No.  Chairman: BARBARA & CLEMENT 31 ROLLING GREEN DR. MILEGED, MA GOS-478-2830  Other officer: Other officer:  Other officer:  Attach additional page, if necessary, with other officers and finance committee, if any  5. Candidate: BARBARA & CLEMENT 31 ROLLING GREEN DR. MILEGED, MA 508-478-2830  Name Address Zip Tel. No.  6. Office Sought: CON STABLE TOWN OF MILEGRA NONE		(The name of the committee must include the candidate's last name)
3. Purpose:  **ELECTION OF CANDIDATE & TO RAISE CAMPAIGN FUNDS  4. Officers: Chairman: **DARBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD MA 508-478-2830  Other officer: Other officer:  Attach additional page, if necessary, with other officers and finance committee, if any  O1757  5. Candidate:  **BARBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD, MA 508-478-2830  Address  Address  Zip Tel. No.  O1757  Tel. No.  O1757  DARBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD, MA 508-478-2830  Address  Zip Tel. No.  ON STABLE TOWN OF MILFORD  NONE	2. Committee Address	:31 ROLLING GREEN DRIVE, MILFORD, MA 01757-1454
4. Officers: Chairman:  Chairman:  ALBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD MA GOS-478-2833  Other officer: Other officer:  Other officer:  Attach additional page, if necessary, with other officers and finance committee, if any  Name  Address  Address  Tel. No.  O757  O1757  O1757  SALBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD, MA GOS-478-283  Name  Address  Zip Tel. No.  ONSTABLE TOWN OF MILFORD  NONE	2a. Mailing Address:	
4. Officers: Chairman:  Chairman:  ALBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD MA GOS-478-2833  Other officer: Other officer:  Other officer:  Attach additional page, if necessary, with other officers and finance committee, if any  Name  Address  Address  Tel. No.  O757  O1757  O1757  SALBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD, MA GOS-478-283  Name  Address  Zip Tel. No.  ONSTABLE TOWN OF MILFORD  NONE	3. Purpose:	ELECTION OF CA'NDIDATE & TO RAISE CAMPAIGN FUNDS
Other officer:  Other officer:  Attach additional page, if necessary, with other officers and finance committee, if any  O1757  5. Candidate:  BARBARA E. CLEMENT 31 ROLLING CREW DR. MILFORD, MA 508-478-283  Name  Address  CON STABLE  TOWN OF MILFORD  NONE	4. Officers:	Name Residential Address 2157 Zip Tel. No.  BARBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD, MA 508-478-2830
Other officer:  Attach additional page, if necessary, with other officers and finance committee, if any  O1757  5. Candidate:  BARBARA E. CLEMENT 31 ROLLING CREW DR. MILFORD, MA 508-478-283  Name  Address  Town OF MILFORD  NONE  ONE	Treasurer:	NANCY A. KOSHIVAS 31 ROLLING-GREEN DR. MTLEORD MA 308-478-283
Attach additional page, if necessary, with other officers and finance committee, if any  01757  5. Candidate:  BARBARA E. CLEMENT 31 ROLLING CREW JR. MILFORD, MA 508-478-283  Name  Address  Tel. No.  6. Office Sought:  CON STABLE  TOWN OF MILFORD  NONE	Other officer:	
5. Candidate: BARBARA E. CLEMENT 31 ROLLING GREW DR. MILFORD, MA 508-478-283  Name Address Zip Tel. No.  6. Office Sought: TOWN OF MILFORD WONE	Other officer:	
Name Address  Office Sought:  Address  Zip Tel. No.  MONE  TOWN OF MILFURD  WONE		Attach additional page, if necessary, with other officers and finance committee, if any
6. Office Sought: CON STABLE TOWN OF MILFURD NONE	5. Candidate:	BARBARA E. CLEMENT 31 ROLLING GREEN DR. MILFORD, MA 508-478-283,
	6 OCC - 14	NAME OF TAXABLE PARTY O
Title District Farty armanout, if appricance	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:

Candidate's signature Coment 14April 2010
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:

Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature

14 April 2010

XDARBARA - C'JEMENI - LONSTABLE



## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK'S OFFICE

0018 MED 00 DM 1-17

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

TOWN OF MILFORD

Fill in dates:  Reporting Period Beginning DEC. 31 2009 Ending MAR. 29 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  CONSTABLE - 3 YR. TERM - MILFORD  Office Sought and District  Office Sought and District  Residential Address  Tel. No. (optional)  Comm. To ELECT BARBARA CLEMENT  Committee Name  NANCY A. KOSHIVAS  Name of Committee Treasurer  O1757  31 ROLLING GREEN DR. MILFORD, MA  Committee Mailing Address  508-478-2823  Tel. No. (optional)
SUMMARY BALANCE INFORMATION:  Line 1: Ending balance from previous report  Line 2: Total receipts this period (page 2, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 3, line 14)  Line 5: Ending balance (line 3 minus line 4)  S 1, 253.93  Line 6: Total in-kind contributions this period (page 4)  S 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.  Treasurer's signature (in integration of the committee in accordance with the requirements of 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. 555.

Barbara E. Clemen 29 March 2010

#### 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

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
4JAN 10	BARBARA E. CLEMENT 31 ROLLING GREEN DR. MILLOW	728	20	RETTRED MILITARY CANDIDATE FOR CONSTABLE
MATERIAL PROPERTY.	BAKE SALE (FUND RAISER)	353		VARIOUS PURCAASERS
		1,151	20	
		(erestern)		
		1.10mg-		
		1 377		
(0	Total receipts in excess of \$50 (* listed above)  ombived 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

<sup>\*</sup> 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 Pai (alphabetical list		Address	Purpose of Expenditure	Amo	unt
			174 HARTFORD AVE	FOOD, BEVERAGES 4		
19 mae 10	MARKET BASKE			SUPPLIES - BAKE/FOODSAL	, 80	20
LIMINETO	The contract of the contract o	6	59 S. MATA) ST.	POLITICAL AD FOR	ETHYGE ESTERAS	000
16 mal'In	MELEORD DATIN	The second second		BAKE FOOD SALE PUNDRAS	10-216	00
141.1110	THE SHALL	4	LO MEDWAY ROAD	ome production of the state of	acora	
16 MAP'IN	MT DUTEMAN F	POISS	NTIFORD MADIZEZ	CAMPATED FLIERS	125	00
NE IIINE IU	J. PAULICIAN I	1	PROSPECT ST.	CAMPATEN FLIERS FOOD FOR CAMPATEN	, ~ ~	
				COMMITTEE MEETERS	55	63
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				is a contract of		
			(a) in the entire to the		parel - Fr	
					B 8	
				*	7	
			Line 12:	Expenditures over \$50	476	89
			Line 13:	Expenditures \$50 and under*	777	04
	Enter on page 1, line 4			TOTAL EXPENDITURES	, ,	0

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

#### 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
	Enter on page 1, line 6	Line 17:	Total In-kind	0,00

<sup>\*</sup> 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
Е	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	0.00

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.

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## Form CPF M 102: Campaign Finance Report Municipal Form

	Off	ice of Campaign an			SWAGE	ENA'S OFFIC
monwealth	OWN OF MILFOR	D				26 PM 1:11
with: y or Town Clerk			nation, except signa	tures.		RD, MAS
Fill in dates Reporting Pe	riod Beginning 5 6	Year	Ending	Month 12	Date 31	Year IC>
	ort: (Check one)	ceding election	□30 day after ele	ction Dye	ar-end report	□dissolution
BARBA	PA E. CLEMENT					
(ON 5TH			OMNITTEE ?	Committee Na	BARDAR	A CLEMENT
31 Roc	Office Sought and District	MILLER	VANCY A.	f Committee	Treasurer	
	Residential Address 478 - 2832	Phones	1 ROLLING			TLFORD
	Tel. No. (	optional)	508-49	78-28	3 Jel. No.	. (optional)
	SUMMA	RV RALANC	E INFORMAT	YON.		
	Line 1: Ending balance			\$	49.96	(
	Line 2: Total receipts th		-	\$		
STATE OF THE PERSON NAMED IN COLUMN NAMED IN C	Line 3: Subtotal (line 1 plu			\$	49.96	7
	Line 4: Total expenditu	res this per	iod (page 3, line )	(4) \$	***************************************	
	Line 5: Ending balance	(line 3 minus line	e 4)	\$	49.96	5
	Line 6: Total in-kind con	tributions th	is period (page	4) \$	***************************************	
	Line 7: Total (all) outstar			\$	A	-
	Line 8: Name of bank(s)			CRMERLY	BEN FOR	RUKLEN
I certify that I campaign finar	ommittee Treasurer: nave examined this report including attached ce activity, including all contributions, loans the campaign finance activity of all persons the campaign finance activity of all persons	, receipts, expenditur	es, disbursements, in-k hority or on behalf of	ind contribution	s and liabilities	for this reporting perio
11	least tals	er the benatities of b	erjury:	É	JAN. 19	2011
Treasurer's sig	nature (m tex)				Date	

### FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

	(CANDIDATE MOST BROWN)
Affidavit of Candidate: (check 1 h	ox only)
	no activity independent of the committee
I certify that I have examined this r	port including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of
campaign finance activity, of all pe	rsons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55
have not received any contributions,	incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee	R Candidate with independent activity filing separate report
compaign finance activity including	port including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of
and represents the campaign finance	contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting per activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements
M.G.L. C.55.	Signed under the penalties of perjury:
15 N	
frague C	Comos 18 January 2011
andidate 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)	Am	ount	Occupation & Employer (for contributions of \$200 or more)
		TOTAL PROPERTY PROPER		
		/		
				v v
X		VIII (1)		
1				
Line 9: T	otal receipts in excess of \$50 (or listed above)			
Line 10: T	otal receipts \$50 and under* (not listed above)		_	
Line 11: T	OTAL RECEIPTS IN THE PERIOD	0	00	Enter on page 1, line 2

<sup>\*</sup> 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	Amo	unt
	-			1	
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	nga ngipi na ta				
			, ,		
	A	/			
			-		
		* 1			
		7			
				11-	
2					
/	-	à	1	-	
/					
		Line 12:	Expenditures over \$50	0	00
		Line 13:	Expenditures \$50 and under*	0)	00
E	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	0	00

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

### 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
	Enter on page 1, line 6	Line 17:	Total In-kind	0.00

<sup>\*</sup> 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 ncurred	To Whom Due	Address	Purpose	Amount
	-A -			
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)		

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.

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