



*Rory D'Alessandro - Library Trustee*

**Form CPF M 102: Campaign Finance Report  
Municipal Form**  
Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2010 MAR 29 PM 9:24

WILMINGTON, MASS.

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 01 Date 24 Year 2010 Ending Month 03 Date 31 Year 2010

Type of report: (Check one)

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

*Rory Anthony D'Alessandro*

Full Name of Candidate (if applicable)

*Library Trustee*

Office Sought and District

*77 West Street Milford, MA*

Residential Address

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report \$ 0.00  
Line 2: Total receipts this period (page 2, line 11) \$ 111.00  
Line 3: Subtotal (line 1 plus line 2) \$ 111.00  
Line 4: Total expenditures this period (page 3, line 14) \$ 80.75  
Line 5: Ending balance (line 3 minus line 4) \$ 30.25  
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 \_\_\_\_\_

**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:

*Rory D'Alessandro*

Candidate signature (in ink)

Date

*3/28/2010*

# 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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/6/10	June D'Alessandro 7 Tomaso Rd. Milford	\$30	
3/6/10	Joan Bell, 87 Mill street, Hopedale	\$30	
3/6/10	Jacque Gorman 14 Bennett street, Hudson	\$30	
3/6/10	Joclyn Crivello 62 Fruit street ext, Milford	\$1	
3/17/10	Elaine D'Alessandro 7 Tomaso Rd Milford	\$30	
Line 9: Total receipts in excess of \$50 (or listed above)			
Line 10: Total receipts \$50 and under* (not listed above)		\$111.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$111.00	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 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	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	\$0.00

\* 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: OUTSTANDING LIABILITIES (ALL)	\$0.00



**Form CPF M 102: Campaign Finance Report**  
**Municipal Form**  
 Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2010 JUL 14 AM 10:25

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 3 Date 30 Year 10 Ending Month 5 Date 5 Year 10

**Type of report: (Check one)**  
☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Rory D'Alessandro  
 Full Name of Candidate (if applicable)  
Board of Library Trustees  
 Office Sought and District  
74 West Street  
 Residential Address  
508 361 2953  
 Tel. No. (optional)

\_\_\_\_\_  
 Committee Name  
 \_\_\_\_\_  
 Name of Committee Treasurer  
 \_\_\_\_\_  
 Committee Mailing Address  
 \_\_\_\_\_  
 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report \$ 30.25  
 Line 2: Total receipts this period (page 2, line 11) \$ 0.00  
 Line 3: Subtotal (line 1 plus line 2) \$ 30.25  
 Line 4: Total expenditures this period (page 3, line 14) \$ 0.60  
 Line 5: Ending balance (line 3 minus line 4) \$ 30.25  
 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 \_\_\_\_\_

**Affidavit of Committee Treasurer:**

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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

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Signed under the penalties of perjury:

Candidate signature (in ink)

Date

5/23/10

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<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			

\* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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[illegible]

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Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
OWN CLERK'S OFFICE

2011 FEB 16 AM 10:27

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

Rory D Alessandaro

Full Name of Candidate (if applicable)

Board of Library Trustees

Office Sought and District

74 West Street

Residential Address

508 361 2953

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 30.25  
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Line 3: Subtotal (line 1 plus line 2) \$ 30.25  
Line 4: Total expenditures this period (page 3, line 14) \$ 0.00  
Line 5: Ending balance (line 3 minus line 4) \$ 30.25  
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 \_\_\_\_\_

#### Affidavit of Committee Treasurer:

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Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

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Signed under the penalties of perjury:

Candidate signature (in ink)

Date

2-16-11