



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

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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 01 Year 2012 Ending Month 12 Date 18 Year 2012

Type of report: (Check one)

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

Dino B. DeBartolomeis
Full Name of Candidate (if applicable)
Selectman
Office Sought and District
11 Otis St.
Residential Address
Milford MA 0173-5275
Tel. No. (optional)

Committee to Elect D. DeBartolomeis
Committee Name
Louisa Gekas
Name of Committee Treasurer
21 Sherwood Dr. Milford
Committee Mailing Address
508-473-7719
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 1760.59
Line 2: Total receipts this period (page 2, line 11) \$ 20.-
Line 3: Subtotal (line 1 plus line 2) \$ 1780.65
Line 4: Total expenditures this period (page 3, line 14) \$ 1780.65
Line 5: Ending balance (line 3 minus line 4) \$ -
Line 6: Total in-kind contributions this period (page 4) \$ -
Line 7: Total (all) outstanding liabilities (page 4) \$ 990.60
Line 8: Name of bank(s) used SOVEREIGN BANK - MILFORD

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)

Louisa Gekas

Date

12-16-12

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)

Dino B. DeBartolomeis

Date

12-16-12

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)
2/6/12		Committee to - Reelect D. DeBartolomeis 11015 St.	20	-	Candidate
4/4/12		Jet. Press - CK # 209 error 323 Main St. Milford	06		Printer - Self-Employed
Line 9: Total receipts in excess of \$50 (or listed above)					
Line 10: Total receipts \$50 and under* (not listed above)			20	06	
Line 11: TOTAL RECEIPTS IN THE PERIOD			20	06	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.

11

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.

Enter on page 1, line 4

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 -
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				- 0 -

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
9/12/12	Dino DeBartolomeis	11 Otis St. Milfnd	Personal Donation	990.60
Line 18: OUTSTANDING LIABILITIES (ALL)				990.60

Enter on page 1, line 7

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.