

Candidate signature (in ink)

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

osimonweshib Massachusetis	STANDOLLOW STANDOLLOW
ile with:	7013.1AN 22 AM 10: 0
ity or Town Clerk or Election Commission Please print or type all	information, except signatures.
	MIL FORD MASS
Fill in dates: Month Date	Year Month Date Year
Reporting Period Beginning May 4	
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding elect	tion 30 day after election Syear-end repor dissolution
Michael Denies	(a. il to I Will Est.)
Full Name of Candidate (if applicable)	Α
Select man	
Office Sought and District	
_22 Dehble_Ln	
Residential Address	$A = \{ x \in V \mid x \in V \}$
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from pr Line 2: Total receipts this perio Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this Line 5: Ending balance (line 3 minu	revious report od (page 2, line 11) \$ 591,79 \$ 500,00 period (page 3, line 14) us line 4) s this period (page 4) bilities (page 4) \$
I certify that I have examined this report including attached schedules and campaign finance activity, including all contributions, loans, receipts, expe and represents the campaign finance activity of all persons acting under the	Please print or type all information, except signatures. Mouth Date Vear Date Date Vear Date Date Vear Date Date
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS O	NLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any e Candidate without Committee OR Candidate with independent activity certify that I have examined this report including attached schedules and campaign finance activity, including contributions, loans, receipts, expendent represents the campaign finance activity of all persons acting under the	d it is, to the best of my knowledge and belief, a true and complete statement of all a behalf of this committee in accordance with the requirements of M.G.L. c. 55. I expenditures on my behalf during this reporting period. vity filing separate report d it is, to the best of my knowledge and belief, a true and complete statement of all ditures, disbursements, in-kind contributions and liabilities for this reporting period he authority or on behalf of this committee in accordance with the requirements of

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)		ount	Occupation & Employer (for contributions of \$200 or more)	
6/1	Michael Denice (Isan jorginen)			Flight Crew	
1512	22 Debbie Ln Mil terd	500		Aerlingus	
6/15/12	Michael Denice 22 Deulose Ln Milford	97	79	n k	
					
And angular of					
		- 1			
Line 9: T	otal receipts in excess of \$50 (or listed above)				
	otal receipts \$50 and under* (not listed above)				
	OTAL RECEIPTS IN THE PERIOD	597	70)	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	Amoun
6/18/12	Michael Denice	miltord MA	Ioan Daid	500
				,
 				
		Line 12: E	xpenditures over \$50	
			xpenditures \$50 and under*	
En	eter on page 1, line 4		OTAL EXPENDITURES	500 -

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.