

Form CPF M 102: Campaign Finance Report
Municipal Form

Municipal Form
Office of Campaign and Political Finance RECEIVED
OWN CLERK'S OFFICE

VI 174653delltsVi/3	ZOLINI HAVIty of ToyAMClege of Election Commission
	-25-14 Ending Pate: FORD, MASS
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election  year-end report dissolution
The Rest Diomedes Dias Candidate Full Name (if applicable)	
	Committee Name
Town Tax Collector	The COMMITTEE TO Elect Therest Dismedes DiAS Name of Committee Treasurer
16 West Maple ST, Milford MA Residential Address 01575	Rose Realini 29 Prospect St
Residential Address 01575	Rose Realini 29 Prospect St Committee Mailing Address Ind., Ma 0/257
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	1566.72
Line 2: Total receipts this period (page 2, line 11)	1,325.00
Line 3: Subtotal (line 1 plus line 2)	2,891.72
Line 4: Total expenditures this period (page 3, line	
Line 5: Ending Balance (line 3 minus line 4)	32.92
Line 6: Total in-kind contributions this period (pa	
Line 7: Total (all) outstanding liabilities (page 4)	0
Line 8: Name of bank(s) used: The Milfo	rd National Bank & Trust Co.
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons activity and the part of the part of the persons activity of all persons activity and the part of the part of the persons activity of all persons activity and the part of the persons activity of all persons activity and the persons activity of the persons activities	Ontributions and lightlifted for this remember 1 1
finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	accordance with the requirements of M.G.L. c. 55
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	(11 3) 114
, Candidate with Committee	(only)
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 cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee	
I certify that I have examined this report including attached schedules and it is, to the I finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this remarks
Signed under the penalties of perjury: Theresa, Diemeder	Date: 5///4

## 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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)	
3/27/14	Antonio + TheresA DIAS 16 W. Maple ST MIFORD MA	500.00	Acting TAX Collector	
3/31/14	Robert Hogan P.O. Box 1155 Berling MA P.O. Box 1155 Berling MA	300,00	Retired	
4/14/14	Paul Lavallee 1 Ivy Ln MilFord MA	250,00	Retired	
4/14/14	Rose Realini 29 Prospect ST, MITFORD HA	100,00		
4/14/14	Helen Wilkenson 2 North ST Framingham NA	100,00		
,				
Line 9: Total Receip	ots over \$50 (or listed above)	1250.00		
Line 10: Total Recei	pts \$50 and under* (not listed above)	75.00		
	ECEIPTS IN THE PERIOD receipts of \$50 and under include them in line	1325.00	← 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expendit	tures. Please include your committee	name and a page number on each pag	e.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/25/14	Impressions Digital	358 woodland st Holliston MA01946	PostCard Mailers	448.95
4/12/14	Natulia Muraves	113 Central ST. Mi'lFord MA 01757	Food Election Night	609.85
3/27/14	Town Crier Publications	48 mechanic ST Upton MA 01568	Political Ad	1,555.00
4/17/14	Town Criek Publications	48 mechanic ST Upton MA 01568	Thank you Ad	245,00
		2		
		Line 12: Total Expenditures ove	r \$50 (or listed above)	2858,80
		Line 13: Total Expenditures \$50	and under* (not listed above)	0
If you have itemi	Enter on page 1, line $4 \rightarrow 2$ zed expenditures of \$50 and under,	Line 14: TOTAL EXPENDITU		2,858.80

\* 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 on page 1.

Date Received	From Whom Received*	Residential Address	<b>Description of Contribution</b>	Value
				William Co
, ,				
ntributes more than \$	tion is received from a person who 550 in a calendar year, you must repor f the contributor, in addition, if the	t Line 15: In-Kind Contribution	as over \$50 (or listed above)	
ontribution is \$200 or more, you must also report the ontributor's occupation and employer.		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	D

## 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
			,	1
				1
	Benediction of the second seco	ine 18: TOTAL OUTSTANDIN		

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