

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report

Municipal Form

RECEIVED

Office of Campaign and Political Finance

2017 MAY -4 PM 1: 39

Fill in Reporting Period dates: Beginning Date: 3/28	Ending Date: + M/2017 RD, MASS
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
John W Erickson  Candidate Full Name (if applicable)  Selectman, Milford, MA	The Committee to Elect John Erickson  Committee Name  Rosanna Blanchard-Erickson
Office Sought and District	Name of Committee Treasurer
10 Rosenfeld Ave, Milford, MA 01757  Residential Address	10 Rosenfeld Ave, Milford, MA 01757  Committee Mailing Address
E-mail: John @ ERICKS ON E LECTRIC. n-LT	E-mail: Rosannab \$231 @ 6mail. com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	555.27
Line 2: Total receipts this period (page 3, line 11)	2345
Line 3: Subtotal (line 1 plus line 2)	2900.27
Line 4: Total expenditures this period (page 5, lin	ne 14) 2380.79
Line 5: Ending Balance (line 3 minus line 4)	519.48
Line 6: Total in-kind contributions this period (pa	age 6) 340
Line 7: Total (all) outstanding liabilities (page 7)	9150
Line 8: Name of bank(s) used: Middlesex Savings E	Bank
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 finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x 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 activity, of all persons acting under the authority or on behalf of this committee in ac incurred any liabilities nor made any expenditures on my behalf during this reporting	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 OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign the in-kind contributions and liabilities for this reporting period and represents the

(Candidate's signature)

#### **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.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
3/31/17	Cenedella, Richard	100	
3/31/17	Corey, Marian	100	
3/31/17	DoCurral, Bento	100	
3/31/17	Pabla, Gurmit	500	Owner, Convenience Store, Peter's Market
3/31/17	Sanches, David	250	Owner, Busy Bee Landscaping
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Line 9: Total Receipts over \$50 (or listed above)		1050	
Line 10: Total Receipts \$50 and under* (not listed above)		1295	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2345	← 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 A: RECEIPTS (continued)**

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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1	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
Line 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized	renaints of \$50 and under include them in line		d include only those receipts not itemized above

<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 expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/4/17	Caffe Sorrento	143 Central St. Milford, MA 01757	Room rental, pizzas	498.83
3/31/17	Hoboken Club	252 Central St Milford, MA 01757	Hall Rental, Election Rally	325.00
4/2/17	New England Professional Systems	PO Box 6002 Holliston, MA 01746	Mailings	1177.14
4/7/17	Olivas Market	83 East Main St Milford, MA 01757	Food Election Day	139.69
3/29/17	Starburst Printing	300 Hopping Brook Rd Holliston, MA 01746	Printing	240.13
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		Line 12: Total Expenditures	over \$50 (or listed above)	2380.79
Line 13: Total Expenditures \$50 and under* (not listed above)			0	
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD			2380.79	

<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.

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#### **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid	TEE B. EARENDITORES (C		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			150	
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		·		
	Line 12: Expenditures over \$50 (or listed above)			
Line 13: Expenditures \$50 and under* (not listed above)				
Line 13. Experiences \$30 and under (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

<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.

### 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	Description of Contribution	Value
3/31/17	Scafuto, Sabatino	PO Box 949 East Falmouth, MA 02536	Pizza and Pasta, election rally	340
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		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

<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.

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## 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
Feb 24, 2014	Erickson, John	10 Rosenfeld Ave Milford, MA 01757	Loan to Committee	300
Feb 28, 2014	Erickson, John	10 Rosenfeld Ave Milford, MA 01757	Loan to Committee	800
Mar 12, 2015	Erickson, John	10 Rosenfeld Ave Milford, MA 01757	Loan to Committee	1,400
Apr 2, 2015	Erickson, John	10 Rosenfeld Ave Milford, MA 01757	Loan to Committee	600
Apr 7, 2015	Erickson, John	10 Rosenfeld Ave Milford, MA 01757	Loan to Committee	550
Jan 24, 2017	Erickson, John	10 Rosenfeld Ave Milford, MA 01757	Loan to Committee	1,000
Jan 26, 2017	Erickson, John	10 Rosenfeld Ave Milford, MA 01757	Loan to Committee	500
Feb 7, 2017	Erickson, John	10 Rosenfeld Ave Milford, MA 01757	Loan to Committee	1,000
Mar 8, 2017	Erickson, John	10 Rosenfeld Ave Milford, MA 01757	Loan to Committee	500
Var 21, 2017	Erickson, John	10 Rosenfeld Ave. Milford, MA 01757	Loan to Committee	2,500
				· ·
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				,150