

# Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts	2015 MAY -7 AM 9: 10 File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 3/31	1/2015 Ending Date: (\$7/2015.			
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	⊠ 30 day after election			
John Erickson	The Committee to Elect John Erickson to School Committee			
Candidate Full Name (if applicable)	Committee Name			
School Committee, Milford, MA	Rosanna Blanchard			
Office Sought and District	Name of Committee Treasurer			
10 Rosenfeld Ave., Milford, MA 01757	10 Rosenfeld Ave., Milford, MA 01757			
Residential Address	Committee Mailing Address			
Telephone Number (optional):	Telephone Number (optional):			
SUMMARY BALANC	CE INFORMATION:			
Line 1: Ending Balance from previous report	1,480.62			
Line 2: Total receipts this period (page 3, line 11)	1,340			
Line 3: Subtotal (line 1 plus line 2)	2,820.62			
Line 4: Total expenditures this period (page 5, lin	ne 14) 2,775.8			
Line 5: Ending Balance (line 3 minus line 4)	44.82			
Line 6: Total in-kind contributions this period (page 6)				
Line 7: Total (all) outstanding liabilities (page 7)	3,650			
Line 8: Name of bank(s) used: Middlesex Savings	Bank			
	(Treasurer's signature)  Date: 5 7 2015  Date: 5 7 2015			
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 penaltics of periury:	(Candidate's signature) Date: \$\frac{\psi}{2} \frac{5}{7}/\frac{5}{5}			

#### 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)
Date Received		Amount	(101 CORD INGROUS OF 3200 OF MOLE)
Mar 5, 2015	Ciaramicoli, Elaine 33 Muriel Lane Milford, MA 01757	100	
Mar 31, 2015	Erickson, John 10 Rosenfeld Ave. Milford, MA 01757	600	Town of Milford 52 Main St. Milford, MA 01757
Apr 7, 2015	Erickson, John 10 Rosenfeld Ave. Milford, MA 01757	550	Town of Milford 52 Main St. Milford, MA 01757
		Personal Control of the Control of t	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)		90	
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD	1,340	← 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)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(aiphabetear isting require)	Amount	(101 contributions of \$200 or more)
ŀ			
ine 9: Total Receip	ots over \$50 (or listed above)		
	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		
			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 expenditures. Please include your committee name and a page number on each page.)

eport an expen	To Whom Paid	nittee name and a page number or	each page.)	-
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Apr 7, 2015	Caffe Sorrento	143 Central St. Milford, MA 01757	Election night food	366.36
Mar 19, 2015	Middlesex Savings Bank	PO Box 5209 Westborough, MA 01581-5209	Returned Check Fee Insufficient funds	60
Mar 19, 2015	Middlesex Savings Bank	PO Box 5209 Westborough, MA 01581-5209	Returned Check Fee	5.7
Apr 7, 2015	New England Professional Systems, Inc	PO Box 6002 Holliston, MA 01746-6002	Postage and mailing service	912.7
Apr 2, 2015	Signs Plus	89 South Main St. Milford, MA 01757	Signs	255.25
Mar 31, 2015	Starburst Printing & Graphics, Inc.	619 Hazard Ave Enfield, CT 06082	Postcards	1,175.79
		Line 12: Total Expenditures ov	er \$50 (or listed above)	2,775.8
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	2,775.8

<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)**

SCHEDULE B. EAI ENDITURES (Continued)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
	1-				
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			The state of the s		
	Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)					
Ellie 13. Expelicitures \$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
		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 Rolsenfeld 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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	3,650