ODES TO II	
CPF ID #:	



Form CPF 101 P: Change of Purpose **Candidate's Political Committee** Office of Campaign and Political Finance

File with: Director On Bo

(617) 979-8300

fice ie A	of Campaign and Political Finance shburton Place, Room 411 i, MA 02108	(800) 462-OCPF ocpf@cpf.state.ma.us http://www.mass.gov/ocpf
I.	Name of Candidate:	JOHN W ERICKSON
2.	Office previously held/sought	SCHOOL COMMITTEE
3.	Office now sought:	SELECTMAN
4.	Party (if applicable):	
5,	Committee:	Committee to ElECT John Erickson Mailing Address: 10 Rosen Feld City/State/Zip: Milford MA 01757
6.	Contact Person:	John Erickson Mailing Address: 10 Rostn feld Ave City/State/Zip: Milford MA 01757 Email: John @ Erickson Electric. net Phone #: 508 509 4036
	In accordance with the require for the purpose stated above.	ements of M.G.L. c. 55, I hereby certify that the above-named political committee is now organized
	SIGNED UNDER THE PENA	ALTIES OF PERJURY:
	Total Control	Treasurer's signature Date: 1/9/17 Candidate's signature Date: 1/9/17



Form CPF M 102: Campaign Finance Repo Municipal Form

Office of Campaign and Political Finance

RD R 3

File with: City or Town Clerk or Election Commission

03/27/2017 Fill in Reporting Period dates: Beginning Date: 01/01/2017 **Ending Date:** Type of Report: (Check one) 8th day preceding preliminary ★ Sth day preceding election 30 day after election year-end report dissolution John W Erickson The Committee to Elect John Erickson Candidate Full Name (if applicable) Committee Name Selectman, Milford, MA Rosanna Blanchard-Erickson Office Sought and District Name of Committee Treasurer 10 Rosenfeld Ave 10 Rosenfeld Ave, Milford, MA 01757 Residential Address Committee Mailing Address chnaericks on electric net Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 44.82 Line 2: Total receipts this period (page 3, line 11) 9,672 Line 3: Subtotal (line 1 plus line 2) 9,716.82 Line 4: Total expenditures this period (page 5, line 14) 9,161.55 Line 5: Ending Balance (line 3 minus line 4) 555,27 Line 6: Total in-kind contributions this period (page 6) 1,396 Line 7: Total (all) outstanding liabilities (page 7) 9,150 Line 8: Name of bank(s) used: Middlesex Savings Bank 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. Date: Mar 27, 2017 Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: 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. Date: Mar 27, 2017 Signed under the penalties of perjury: (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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received		Amount	(101 contributions of \$200 of more)
Mar 18, 2017	Barinauskas, Loriann 10 Jenks Rd Milford, MA 01757	100	
Feb 10, 2017	Bontempo, Evelyn 3 West Walnut St. Milford, MA 01757	125	
Feb 10, 2017	Burns, Melanie 158 Congress St. Milford, MA 01757	100	
Feb 10, 2017	Dagnese, Judy 25 Hamilton Ave. MIlford, MA 01757	60	
Feb 10, 2017	Doiron, Ray 252 PUrchase St. Milford, MA 01757	300	Commercial Cleaning contractor
Feb 6, 2010	Erickson, Diana 59 Crockett Rd. Upton, MA	550	Retired
Jan 24, 2017	Erickson, John 10 Rosenfeld Ave Milford, MA 01757	1,000	Town of Milford 52 Main St. Milford, MA 01757
Jan 26, 2017	Erickson, John 10 Rosenfeld Ave. Milford, MA 01757	500	Town of Milford 52 Main St. Milford, MA 01757
Feb 7, 2017	Erickson, John 10 Rosenfeld Ave. Milford, MA 01757	1,000	Town of Milford 52 Main St Milford, MA 01757
Mar 8, 2017	Erickson, John 10 Rosenfeld Ave. Milford, MA 01757	500	Town of Milford 52 Main St. Milford, MA 01757
Mar 21, 2017	Erickson, John 10 Rosenfeld Ave. Milford, MA 01757	2,500	Town of Milford 52 Main St. Milford, MA 01757
Feb 10, 2017	Flumere, Janet 25 Carp Rd. Milford, MA 01757	60	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2
' If you have itemized	receipts of \$50 and under, include them in line		

^{*} 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)
Feb 10, 2017	Fortin, Paula 2 Lombardi Circle Milford, MA 01757	100	
Mar 10, 2017	Gomes, Fatima 10 Bear Hill Rd. Milford, MA 01757	100	
Mar 10, 2017	Gomes, John 10 Bear Hill Rd. Milford, MA 01757	100	
Line 9: Total Receipts over \$50 (or listed above)		7,095	
Line 10: Total Receipts \$50 and under* (not listed above)		2,577	
	ECEIPTS IN THE PERIOD	9,672	Enter on page 1, line 2 d include only those receipts not itemized above.

^{*} 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.)

report all expenditures. Please include your committee name and a page number on each page.)				
Date Bald	To Whom Paid	A.1.1	December 194	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Feb 11, 2015	Italian American Veterans Post 40	4 Hayward Field Milford, MA 01757	club rental	150
Feb 20, 2015	Maureen Precipo Design	346 Belknap Rd Framingham, MA 01701	graphic design290	290
Jan 24, 2017	Milford Portuguese Club	119 Prospect Heights Milford, MA 01757	hall renta!	100
Mar 21, 2017	NE Professional Systems	PO Box 6002 Holliston, MA 01746	Postcard Mailing	1,246.14
Jan 31, 2017	Rosanna Blanchard	10 Rosenfeld Ave Milford, MA 01757	Reimbursement - kickoff party See form CPF R1	101.52
Jan 27, 2017	Signs Plus	89 South Main St. Milford, MA 01757	yard signs, banner	300.69
Feb 10, 2017	Signs Plus	89 South Main St. Milford, MA 01757	bake sale banners	156
Feb 21, 2017	Signs Plus	89 South Main St. Milford, MA 01757	yard signs	981.75
Feb 28, 2017	Signs Plus	89 South Main St. Milford, MA 01757	yard signs	490.88
Mar 7, 2017	Signs Plus	89 South Main St. Milford, MA 01757	yard signs	981.75
Jan 24, 2017	Starburst Printing	300 Hopping Brook Rd Holliston, MA 01746	Printing/ postcards	240,13
Feb 10, 2017	Starburst Printing	300 Hopping Brook Rd Holliston, MA 01746	Printing/ postcards	197.63
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
TC 1 14	If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized			

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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Jan 24, 2017	Town Crier Publications	48 Mechanic St. Upton, MA 01568	Newspaper Ad	511
Feb 7, 2017	Town Crier Publications	48 Mechanic St. Upton, MA 01568	Newspaper Ad	511
Feb 21, 2017	Town Crier Publications	48 Mechanic St. Upton, MA 01568	Newspaper Ad	340.66
Mar 7, 2015	Town Crier Publications	48 Mechanic St. Upton, MA 01568	Newspaper Ad	511
Mar 20, 2017	Town Crier Publications	48 Mechanic St. Upton, MA 01568	Newspaper Ad	1,533
Jan 24, 2017	WMRC Radio	258 Main St. Milford, MA 01757	Radio Ads	259.2
Feb 3, 2017	WMRC Radio	258 Main St Milford, MA 01757	Radio Ads	259.2
		Line 12: Expenditures over \$50	(or listed above)	9,161.55
		Line 13: Expenditures \$50 and t	under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	9,161.55

^{*} 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
Feb 11, 2015	Auger, Barbara	27 Congress Terrace Milford, MA 01757	Wine Baskets for Bake sale	166
Jan 27, 2017	Auger, Richard	27 Congress Terrace	Cookies for Kickoff Party	100
Feb 11, 2017	Cheschi, Louis	9 Hillside Ave Milford, MA 01757	7 Porkettas for Bake sale	210
Feb 11, 2017	Cheschi, Robert	18 North St. Milford, MA 01757	7 Porkettas for Bake sale	210
Jan 27, 2017	Scafuto, Sabatino	PO Box 949 East Falmouth, MA 02536	Pizza and salad for kickoff party	240
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	926
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	470
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	1,396
If on in Irinal com	tribution is received from a person w	he contributes many than \$50 in a se	London vione vion monet consult to a se	

^{*} 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

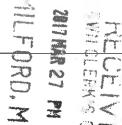
 $\mathring{M.G.L.}$ c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

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
Mar 21, 2017	Erickson, John	10 Rosenfeld Ave. Milford, MA 01757	Loan to Committee	2,500
	Enter on page 1, line 7	→ Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	9,150



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300



Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made to the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

the reimbursemei	at form.		• • • • • • • • • • • • • • • • • • • •	The state of the s
	2 300 30	Date	of Reimbursement: Jan 31, 2015	
Name of Individ	ual Being Reimbursed: Blanchard,	Rosanna		
Committee Name: The Committee to Elect John Erickson				
CPF ID Number	(if applicable):	Telephone 1	Number (optional):	
	ITEMIZ	ZE EXPENDITURES IN EXCES	S OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Jan 27, 2017	Honey Dew Donuts	118 Prospect St. Milford, MA 01757	Coffee for kickoff party	\$70.71
	(Include items listed on Page 2)>	Line 1: Expenditures in excess of	\$50 (itemized above):	70.71
		Line 2: Expenditures \$50 or under	r (not itemized):	30.81
		Line 3: TOTAL AMOUNT REI	MBURSED:	101.52
Signed under the	e penalties of perjury:			
	Rosame	Blanchal Eneksa	Date: Mar	27, 2017

Signature of Candidate / Treasurer