



# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

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2015 MAR 30 PM 3:30

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

Jan 1, 2015

Ending Date:

Mar 30, 2015

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

John Erickson

Candidate Full Name (if applicable)

School Committee, Milford, MA

Office Sought and District

10 Rosenfeld Ave., Milford, MA 01757

Residential Address

Telephone Number (optional):

The Committee to Elect John Erickson to School Committee

Committee Name

Rosanna Blanchard

Name of Committee Treasurer

10 Rosenfeld Ave., Milford, MA 01757

Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

115.96

Line 2: Total receipts this period (page 3, line 11)

5,762

Line 3: Subtotal (line 1 plus line 2)

5,877.96

Line 4: Total expenditures this period (page 5, line 14)

4,397.34

Line 5: Ending Balance (line 3 minus line 4)

1,480.62

Line 6: Total in-kind contributions this period (page 6)

476

Line 7: Total (all) outstanding liabilities (page 7)

2,500

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.

Signed under the penalties of perjury:

*Rosanna Blanchard* (Treasurer's signature)

Date: 3/30/15

#### 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.

Signed under the penalties of perjury:

*John Erickson* (Candidate's signature)

(Candidate's signature)

Date: 3/30/15

## 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)
3/14/2015	Chambers, Diane 65 East St. Ext. Milford, MA 01757	65	
3/14/2015	Cortese, Amy 22 Florence St. Milford, MA 01757	100	
3/14/2015	Cortese, Tom 22 Florence St. Milford, MA 01757	57	
3/10/2015	Erickson, Diana 59 Crockett Rd. Milford, MA 01757	500	Retired
3/12/2015	Erickson, John 10 Rosenfeld Ave. Milford, MA 01757	1,400	Town of Milford, MA 52 Main St. Milford, MA 01757
3/14/2015	Foley, Angelina 29H Claudette Dr. Milford, MA 01757	100	
3/14/2015	Kingkade Committee 50 Woodridge Rd. Milford, MA 01757	100	
3/14/2015	Martin, Mary 14 Sunnyside Lane Milford, MA 01757	100	
3/14/2015	McDonough, Patricia 5 Acorn Circle Milford, MA 01757	80	
3/14/2015	Sanchioni, Patricia 20 Princess Pine Lane Milford, MA 01757	55	
Line 9: Total Receipts over \$50 (or listed above)		2,557	
Line 10: Total Receipts \$50 and under* (not listed above)		3,205	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>5,762</b>	← 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

\* 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
3/14/2015	Italian American Veterans Club	4 Hayward Field Milford, MA 01757	Hall Rental	150
3/10/2015	Maureen Precopio Design	20 Norwell Rd. Newton, MA 02466	Graphic Design	210
2/28/2015	Morin's Studio	14 Pine St. Milford, MA 01757	Photograph	72
3/16/2015	Oliva's Market	83 1/2 East Main St. Milford, MA 01757	Bake Sale Ingredients	888.25
3/26/2015	Signs Plus	89 South Main St. Milford, MA 01757	Yard Signs	255.25
3/9/2015	Starburst Printers	619 Hazard Ave Enfield, CT 06082	Printing (postcards)	173.19
3/10/2015	Town Crier Publications	48 Mechanic St. Upton, MA 01568	Newspaper Ad	1,022
3/23/2015	Town Crier Publications	48 Mechanic St. Upton, MA 01568	Newspaper Ad	511
3/6/2015	WMRC Radio	258 Main St. Milford, MA 01757	Radio Ad	504
3/20/2015	WMRC Radio	258 Main St. Milford, MA 01757	Radio Ad	518.4
Line 12: Total Expenditures over \$50 (or listed above)				4,304.09
Line 13: Total Expenditures \$50 and under* (not listed above)				93.25
<div style="display: flex; justify-content: space-between;"> <span>Enter on page 1, line 4 →</span> <span><b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b></span> </div>				4,397.34

\* 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 B: EXPENDITURES (continued)**[illegible]

\* 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.

[illegible]

\* 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.

## 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
2/24/2014	Erickson, John	10 Rosenfeld Ave. Milford, MA 01757	Loan to Committee	300
2/28/2014	Erickson, John	10 Rosenfeld Ave. Milford, MA 01757	Loan to Committee	800
3/12/2015	Erickson, John	10 Rosenfeld Ave. Milford, MA 01757	Loan to Committee	1,400
Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				2,500