



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2012 MAY -2 PM 4:20

MILFORD, MASS

Fill in dates:

Reporting Period Beginning

Month

3

Date

27

Year

12

Ending

Month

5

Date

2

Year

12

Type of report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☒ 30 day after election

☐ year-end report

☐ dissolution

PAULA L. FORTIN

Full Name of Candidate (if applicable)

TAX COLLECTOR

Office Sought and District

2 Lombardi Cr.

Residential Address

Tel. No. (optional)

N/A

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report

\$

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

\$

Line 3: Subtotal (line 1 plus line 2)

\$

Line 4: Total expenditures this period (page 3, line 14)

\$

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

\$

Line 6: Total in-kind contributions this period (page 4)

\$

Line 7: Total (all) outstanding liabilities (page 4)

\$

Line 8: Name of bank(s) used

\$

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:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

Paula L. Fortin

Candidate signature (in ink)

5/2/12

Date



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2012 DEC -3 AM 8:34

MILFORD, MASS

MILFORD, MASS

Fill in dates:

Reporting Period Beginning

Month

5

Date

3

Year

12

Ending

Month

12

Date

31

Year

12

Type of report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

Paula L. Fortin

Full Name of Candidate (if applicable)

Tax Collector

Office Sought and District

2 Lombardi Circle

Residential Address

Tel. No. (optional)

Committee Name

N/A

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report

\$ 0

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

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Line 3: Subtotal (line 1 plus line 2)

\$ 0

Line 4: Total expenditures this period (page 3, line 14)

\$ 0

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

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Paula L. Fortin

Candidate signature (in ink)

Date