

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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of Massachusetts	File with: Cimpra Marcia Ror Blection Commission			
Fill in Reporting Period dates: Beginning Date:	1 aviv Ending Date: 3/38/46			
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution			
Candidate Full Name (if applicable) Candidate Full Name (if applicable) Office Sought and District Carc'ling Residential Address E-mail: Phone # (optional):	Committee Name Janathan Brown Name of Committee Treasurer Laraline Committee Mailing Address E-mail: J+Drown 776 yahw. Comm Phone # (optional):			
SUMMARY BALANC	TE INFORMATION.			
SUMMARI BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	94.08,			
Line 2: Total receipts this period (page 3, line 11)	10,06			
Line 3: Subtotal (line 1 plus line 2)	10,155.08			
Line 4: Total expenditures this period (page 5, lin	e 14) 7, 445, 17			
Line 5: Ending Balance (line 3 minus line 4)	2,709.91			
Line 6: Total in-kind contributions this period (pa	ge 6) 267.76			
Line 7: Total (all) outstanding liabilities (page 7)				
Line 8: Name of bank(s) used: Middle Sex Swings Bunk				
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	77.0			
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 cordance with the requirements of M.G.L. c. 55. I have not received any contributions,			
Candidate without Committee OR Candidate with independent activity filing see Lecrify 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 in-kind contributions and liabilities for this reporting period and represents the scommittee in accordance with the requirements of M.G.L. c. 55.			
Signed under the penaltics 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.)

report all receipts. Please include your committee name and a page number on each page.)				
	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
1/29/10	ac country Club Lh	P2.00		
2/9/16	Sheila Lindquist 6 Wildwood Dr	100.00		
3/11/10	Eileen Diken	20100		
1/29/10	Debijah Negrotti i Sabatielli ja Milford MA	100.00		
1/24/10	Raren Villani Malquina Po Box las y Malquina Hopedale MH	75.00		
3/1/10	Michael Agnajanin Kritten	200.00		
		Will all the state of the state		
Line 9: Total Receipts over \$50 (or listed above) 590				
Line 10: Total Receipts \$50 and under* (not listed above)				
	RECEIPTS IN THE PERIOD	590	← Enter on page 1, line 2	
* If you have itemized	t receints of \$50 and under include them in line	9 Line 10 shoul	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 A: RECEIPTS (continued)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
1/14/16	Patrick Holland 164	1,600.00	Attorney Patrick Hulland	
1/22/16	George Helland & Silverwill	1,000.00	Attorney George Holland	
3/19/2016	76 Brickyard Rohanicville, NY	1,00 C.w	Retired NX Comptroller	
3/10/2016	Jared Delaroser 76 Brickyard Rd Mechanishustle	500.00	Retail Boscov's	
3/33/18	Susun Delfanti 8 South Terrace Milford	10000		
3/12/16	Jusher Loce 97 Highland St. Milford	SO 0.00	Reutor, Live Gapaties	
1/19/2016 1/19/2016	Suft Harrison 16 Trinity Dr. Milford	100.00	Banker Cotizens Bank	
3/28/16	Sean Holland 10 Hilltop Dr Dougles M# 01516	1,000	Attorney, Sean Holland	
3/12/16	Lisa May 89 East Steet	100 cc		
3/12/10	Michael Financial 38 Field Pond Rd	100.00		
3/16/10	Eileen Dixon & Willow Rd MA	100.00		
1/29/16	John Erickson 10 Rosenfeld Averd	100.00		
1/29/16	Joseph Castanza 5 Naples St Milford	100.00		
Line 9: Total Recei	ipts over \$50 (or listed above)	1,300		
Line 10: Total Rece	ripts \$50 and under* (not listed above)	3171		
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	e 9. Line 10 shoul	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 (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	Louis Pinzla	8 Calvin Br.	Fuel for	() () ()
1/39/3016	Louis Pinzzen	Milford MA 01757	Campaign Kickoff	900.00
		253 Central St	Hall Rental	325.00
1/10/2016	The Hubiken	Milford MA		DOLONG
, ,		48 Mechanic St	Advaitisement	
1122 Rije	Town Crier	Upton MH	Newspaper	511.00
il , , i		49 Gdas St	Frent.	0.5000
130/2016	Crystal Room	4a leday St Milford MA	Tix for Mardi	275.00°
		24 Lexington Dr.	Cempaign Signs	1121.00
2/3/2016	Big Daddy's Signs	Laconia, NH		431.95
	B: Deddies Son	24 Lexington Or	Campaign Signs	453.00
311613616	Big Daddy's Signs	Laconia NH		433.00
	D 1	5 Fayette St	Post cards	
3/25/26/6	Ridgewood Printing	Milford MA	handouts	324.06
0/2/201		US Marlagnic St	Newspaper	(3100)
0/06/0000	Town Crier	48 Mechanic St Upton MA	Advertisement	511.00
	Siana Pluc	89 South Manst	Post Cards	110013
3118116	Signs Plus	Milford MA		1,62563
	USPS	80 Hopedale St	Postage	2010-00
3/25/16		Hopedale MA	.)	448.00
alialia	WMRC	Main. St	Radio Ado	
2/19/16	WALL	Milford MA		1,500
	Net Brands	Net Brands.com	Campaign	82.56
3/9/16		877-508 4569	Buttons	0 0.36
	ADY Speadshit	ADY Spreadshirt	Labeled Sweetshirt	50.00
29/10	800-381-0815	"COM		D 1.4]
		Line 12: Expenditures over \$50	(or listed above)	7,445.17
Line 13: Expenditures \$50 and under* (not listed above)				
			יונות ל	
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				

^{*} 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
		55 Silver Will Rd		214.00
1/29/2014	Donna Holland Retired Teacher		Devotations + Cake	017,00
				,
				7.8
		Line 15: In-Kind Contributions	over \$50 (or listed above)	214.00
				<u> </u>
Enter on page 1, line $6 \rightarrow$ Line 17: TOTAL IN-KIND CONTRIBUTIONS			267,76	

^{*} 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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