



Form CPF M101: STATEMENT OF ORGANIZATION  
**CANDIDATE'S COMMITTEE**  
MUNICIPAL FORM

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

<b>CANDIDATE:</b>	Full Name:	Sara Coady Howe	
	Residential Address:	8 Virginia Drive	
	City / State / Zip:	Milford MA 01757	
	E-Mail Address:	Saracoadyhowe3@gmail.com	Phone #: 617-833-8385
	Party Affiliation:	non-enrolled	(If applicable)
<b>OFFICE SOUGHT/PURPOSE:</b>	Title:	School Committee	
	District:		

<b>COMMITTEE:</b>	Name of Committee:	Committee to Elect Sara Howe	
		(The name of the committee must include the candidate's last name)	
	Committee Mailing Address:	8 Virginia Drive	
	City / State / Zip:	Milford MA 01757	Phone #: 617-833-8385

**OFFICERS:**

<b>Chairman:</b>	Julie Gonzalez	<b>Treasurer*:</b>	Jeffrey F. Howe
Residential Address:	14 Casey Dr	Residential Address:	8 Virginia Drive
City / State / Zip:	Milford MA 01757	City / State / Zip:	Milford MA 01757
Phone #:	508 400 0782	Phone #:	978-886-3684 Email: jfh34@hotmail.com
Other Officer/Title:		Other Officer/Title:	
Residential Address:		Residential Address:	
City / State / Zip:		City / State / Zip:	
Phone #:		Phone #:	

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature

Date: 3/2/18

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date: 3/2/2018

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature

Date: 3/2/18



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2018 MAR 27 PM 3:03

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

2/1/18

Ending Date:

4/30/18

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Sara Howe  
Candidate Full Name (if applicable)

School Committee Milford  
Office Sought and District

8 Virginia Dr. Milford, MA 01757  
Residential Address

E-mail: saracoadyhowe3@gmail.com

Phone # (optional): 617-833-8385

Committee to Elect Sara Howe  
Committee Name

Jeffrey Howe  
Name of Committee Treasurer

8 Virginia Dr. Milford, MA 01757  
Committee Mailing Address

E-mail: jfh34@hotmail.com

Phone # (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

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

~~18,445.00~~ 1745.00

Line 3: Subtotal (line 1 plus line 2)

1745.00

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

3,548.20

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

(1803.20)

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

175.00

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

Line 8: Name of bank(s) used:

Capital One, Santander

#### 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:

*[Signature]*

(Treasurer's signature)

Date: 3/27/18

#### 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:

*[Signature]*

(Candidate's signature)

Date: 3/27/18



## 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)
2/15/18	Clare & Herb Gates 1200 Fairfax Ct. Weston, FL 33326	\$ 100	
2/15/18	Beth Sweeney 107 Main St. Marion, MA 02738	\$ 100	
2/15/18	Leigh Moore 5 Cynthia Rd. Needham, MA 02484	\$ 75	
2/15/18	Committee to Elect Thomas T. Merrigan 141 Nashawena Falmouth 02540	\$ 125	
2/15/18	Pat & John Coady Box 892 02553 Monument Beach, MA	\$ 100	
2/20/18	Christine Coady 176 5th Ave Brooklyn, NY 11217	\$ 100	
2/22/18	Katie Matuliffe 100 Saddleback Ln. Canton, MA 02021	\$ 250	
2/25/18	David & Kristin Pyne 15 Whispering Pine Milford, MA 01757	\$ 200	

Line 9: Total Receipts over \$50 (or listed above)

1050.00

Line 10: Total Receipts \$50 and under\* (not listed above)

695.00

Line 11: TOTAL RECEIPTS IN THE PERIOD

1745.00

← 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 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
2/15/18	VistaPrint	vistaprint.com	Campaign flyers	\$ 130
2/15/18	Big Daddy Signs	Laconia, NH	Campaign signs	\$370
2/9/18	Town Crier	Uxbridge, MA	Newspaper ad	\$511
2/23/18	Town Crier	Uxbridge, MA	Newspaper Ad	\$511
3/10/18	Big Daddy Signs	Laconia, NH	Campaign signs	<del>\$</del> 370
3/11/18	Town Crier	Uxbridge, MA	Newspaper ad	\$511
3/27/18	Town Crier	Uxbridge, MA	Newspaper ad	\$511
3/20/18	myFM media	Milford, MA	Radio ad	\$259.20
3/24/18	1 TAM VETS	Milford, MA	Hall rental	\$175

Line 12: Total Expenditures over \$50 (or listed above)

3,348.20

Line 13: Total Expenditures \$50 and under\* (not listed above)

200.00

Enter on page 1, line 4 →

**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

3,548.20

\* 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)	175.00
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	175.00

\* 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.