

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1-20 Ending Date: 5-39-20=5
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Jamie Lichini	Committee to Elect Jamic Lichini
Candidate Full Name (if applicable) Surveyor Wilford Office Sought and District	Jenny- Ann Luchini
6 Park Lone Ave Milferd MA Residential Address	6 Park Lone Ave Milbred MA
E-mail: 100079@ Comcast. net	Committee Mailing Address E-mail:
Phone # (optional):	Phone # (optional):
CIMMADV DALANC	E INCODMATION
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	9135.00
Line 3: Subtotal (line 1 plus line 2)	9135.00
Line 4: Total expenditures this period (page 5, line	8980,68
Line 5: Ending Balance (line 3 minus line 4)	154.32
Line 6: Total in-kind contributions this period (page	ge 6) /585.00
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Rockland	Trust
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	coordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 5-39-30
FOR CANDIDATE FILINGS ONLY: Affidace of Candidate: (check 1 box Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the bactivity, of all persons acting under the authority or on behalf of this committee in accommodate incurred any liabilities nor made any expenditures on my behalf during this reporting persons.	pest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of MGL c. 55. I have not received any contributions
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this	nest 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 candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 5-29-20

(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.)					
D 4 Destand	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)		
Date Received	(alphabetical listing required)	Amount			
2-2-20	Act Scherer 6 choduck way 1 tepleration my 6178	\$1000	Scik 204 Framzham my 0/201		
J-30-20	Dove Claro \$1 Camo St milter MA 07757	\$500	Oliver Cloro Construction Cosp 81 (Cono St Milford MA 0125)		
2-1-20	Chrs Burns 1) Roland Way Milford MA CUST	\$(00	्र श स		
2-1-20	Gerri Kingkade 77 Richard St #2 milsted mrt 01257	\$(00			
2-1-20	Foren Vilani Po Box 198 Hepedale MA 01747	\$75			
5-1-90	William Donockede languate To wooderdge Rd Milford MY CITCT	900	pirector MBTA 10 Park plaze Boston MA ODIIG		
2-1-20	Sally Costello 14 Lanton Ln Mil Fred MAT 01757	\$100			
2-1-20	Guy Hemand & Porto Lone Mue Milford MAT 01>57	\$300	Dice President - Culinary Diming Benchmark associal living 201 Jenes Rd Suite 200 west Wastern MM G245		
2-1-20	Patrick Curley sorde or missed MA 01757	\$ 100			
2-1-90	Rose Banente 4 Reserver Rd Milford MA 01257	\$(00			
2-1-20	Rudy Live Jr 95 1kghlerd St milford MA 01757	\$100	<i>j.</i>		
7-1-90	Joseph Callery 13 Uncles Cin Milfard MA 01757	\$\$00			
Line 9: Total Rece	ipts over \$50 (or listed above)				
Line 10: Total Rece	sipts \$50 and under* (not listed above)				
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2		
		2 7 1 10 1			

^{*} 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)
21-20	Dennis Disiondo 16 Horrord Pr Milfred MA 0175)	\$ 100	
2-1-20	Paul Shorp 27 Hancock St my my 01757	\$ 200	Resined
21-20	Nancy Pilla-Shakly 32 Long Dr WOHLOUGH MY 01581	\$100	
2-1-20	Barbara Rae y packard Ad milfud MA 01257	\$200	petind
2120	Teny News 57 Hymord St milford MACDET	\$100	
2-1-20	Moma Calzolaio 25 Forest St Milfud MM 01757	\$100	
3-6-20	Hereld Rhades 11 Jancer Rel 11 MA 01757	\$920	Pretirecl
3-14-20	Fort Wasner III 67 Pine S+ Milford MV4 01>57	\$100	
3-14-20	Educial Berforelli 15 E. Walnut St Milford Myg 61207	\$ 20 C	Retired
3-14-20	Christopher Wilson 119 Jillson Cir Milson MA 01257	9 (00	
3-14-20	Collean Annantuanio 19 Ramble Rd Milfad My 01257	\$75	
3-14-20	Paul Pellegnini 45 woodnotse Rd m. Horr MVA 01757	\$100	
ine 9: Total Receipt	ts over \$50 (or listed above)	4500	
ine 10: Total Receip	ts \$50 and under* (not listed above)	4635	
	CCEIPTS IN THE PERIOD		← 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
1-91-90	Town Crier	48 Medianie St Leten ma 01568 Ad		1,020
1-22-20	Signs on the Cheep	1152519 Stevendlew Dr Scile 100 AUSLIN Texas 28758	Signs	305.76
[-30-do	Signo plus	89 S. Man St milfud MM 01252	Bannek	18.8P
2-1-20	Big Y	7 Medus Rd Millord MA 01257	Food	71.79
2-2-20	Holdren Citizens Club	252 Central St Millard MM 01757	Hall Rental	32 5.00
2-5-20	Simply Designs	2236 Providence Ad Northbordye MA 01534	Sishs	139,94
2-8-20	Signs on the Cheep	11525A Sheneholow Dr Scik100 AusliniTX 28758	Signs	750,00
2-10-20	toun Crier	Up Mechanic St Upten mA 01568	Ad	511,00
2-25-20	Town Criek	UPTON MY GISGS		511.00
3-3-20	Signs on the checo	11525 A Stencholow Dr Scike loo Austin, TX 28258	Signs	477,39
3-6-20	My Fm Neelia	BOBOXYDI MILAND 828	Podo Ad	324.00
3-11-20	Town Crier	48 Meshane St epten my 01568	Ad	511.00
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 → 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. Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3-12-20	Prestevent Depot	100 Dear St Milfael MH GD57	Food	Amount 70.62
3-14-20	Italian Boot American world WAR Vets	4 Heyard Field Milfud MA 0187	Hall Pental	150,00
3-17-20	Simply Designs	Data Provolence Rel Northbroge MA 01534	Flyers	344.78
3-19-20	Pegperon Cini's	201 E. Main St Mifuel MA 01757	Fool	495.00
3-26-20	John Crier	Us Mechanic est when MA 01568	Ad	511.00
5-2-20	Signs on the Gues	11525 A Sterehollow Dr Surte 100 Austra TX 100 18758	Signs	324.01
5-6-20	Town Criek	48 Nechano St Open MA GOSTA	Ad Ad	817.60
5-20-20	Toun Criek	48 mediaic St Colon MA 01568	Ad	817.60
1		Line 12: Expenditures over \$50 ((or listed above)	8902.31
	1	Line 13: Expenditures \$50 and ur	nder* (not listed above)	78.37
i Ifaan haa '	the state of the s	Line 14: TOTAL EXPENDITU		8,980,68

^{*} 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
3-14-20	Mendith Pertell	11 Henser Cir milford MA ODSD	Masen Jars, Basket, Breads	\$75.
3-14-20	Jenn Walsh	16 Anne J Cir Milad MM 01757	Wine a pasta baslet	760
3-14-do	Shelly heclaire	120 Hopelite St Ap+ 15 Hypolde m9 01747	Kods Baslet Honer Basket Scup Soco Bosket	\$100
3-14-20	Sheran Pellegrini	nifed mit cizzy	Apple pies (cardy Stetion	\$75
3-14-20	Lisa Berns	17 Roland Way Milfard MA 01757	Cocties Scrotch licket thee	\$50
3-14-20	Rachel Priscoll	miled my ciss	Boer Booket Whe Booket	\$50
3-14-20	Michelle Defenzo	11 Report Rd milled m4 c1757	Acmemede Gnocci appds	\$75
3-14-20	John Alex Morte	106 13th St. 1901 224 Charlestown min Galag	Per le Hais	F
3-14-20	Suzetle Scioli	32 Jeneiced Milford MACI157	Pasta/ments ells garchetta	\$80
3-14-20	Notalia Marques	WILLS WY 01323	Tripe	\$100
		Line 15: In-Kind Contributions over \$50 (or listed above)		\$765.00
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND Co	ONTRIBUTIONS	1585

^{*} 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

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
		(A)		

	e.	