

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	<u> </u>				File with:	City or Town Čle	k or Electio	n Commission
Fill in Reporting Period dates: Be	ginning Date: Mai	r 31,	2015	Ending	Date:	May 6, 2015	Ņ	THE COURT
Type of Report: (Check one)				<del> </del>	······································	T a	Ö	and the same of th
, , , , ,	45 6 4		3 1		_			
8th day preceding preliminary 8th da	y preceding election	×	30 day a	ifter election	yc	ear-end report	diss	olution
William E Kingkade Jr			Kingkad	Committee				
Candidate Full Name (if applicable	e)				Comm	ittee Name		
Selectman of Milford		]	Holly Kin		lama a C C au	nmittee Treasurer		
Office Sought and District		-	50 111					
50 Woodridge Rd, Milford, Ma 01757		ᆁ	20 M000	ridge Rd, Milf				
Residential Address		+		+	Committee I	Mailing Address		
Telephone Number (optional): (508) 47	/3-0020	]	Telephone l	Number (optional	):	(508) 32	8-0006	
SUM	IMARY BALAN	CE	INFOR	MATION				· · · · · · · · ·
Line 1: Ending Balance from	previous report				<u> </u>	3,765.	22	
Line 2: Total receipts this pe		11	[			1	50	
	10 00	1)	į. 1					
Line 3: Subtotal (line I plus	line 2)					3,915.	22	
Line 4: Total expenditures the	iis period (page 5, li	ine i	14)			3,608.	63	
Line 5: Ending Balance (line	3 minus line 4)					306.	59	
Line 6: Total in-kind contrib	utions this period (p	page	6)					
Line 7: Total (all) outstanding	g liabilities (page 7	7)	[			1,2	55	
Line 8: Name of bank(s) use	d: Milford National Ba	ank						
Affidavit of Committee Treasurer: I certify that I have examined this report including attached activity, including all contributions, loans, receipts, expendit finance activity of all persons acting under the authority or o	ures, disbursements, in-kind	id con	tributions ar	d liabilities for the	nis reporting	period and represe		
Signed under the penalties of perjury:	(Kungka	and of the last of		(Treasure	r's signature	) Date:	5/6/2	2015
FOR CANDIDATE FILINGS ONLY: Affiday	t of Candidate: (check 1 l	poz o	nly)					
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 cumpaign 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 in a certify that I have examined this report including attact finance activity, including contributions, loans, receipts, campaign finance activity of all persons acting under the	hed schedules and it is, to t expenditures, disbursemer	the be nts, in	st of my kno -kind contri	butions and liabil	ities for this	reporting period a	nd represent	
Signed under the penalties of perjury:	K. Kaylo	ad	e /.	(Candidat	c's signature	Date:	5/6/2	2015

#### **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.)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
lil.				
		<u> </u>		
	İ			
		<u> </u>		
	i			
		<u></u>		
	i			
ne 9: Total Receipts	s over \$50 (or listed above)			
ne 10: Total Receipt	s \$50 and under* (not listed above)	150		
44 50517 55	CEIPTS IN THE PERIOD	150		

<sup>\*</sup> 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)**

Data Dansinal	Name and Residential Address	A	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		[	
	į l		
]			
		L	<u> </u>
		<u> </u>	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	8	← Enter on page 1, line 2
L		0 Tine 10 about	Id include only those receipts not itemized above

<sup>\*</sup> 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
Mar 30, 2015	Big Daddy Signs	24 Lexington Dr Suite 1 Laconia, NH 03246	Signs	411.91
Apr 11, 2015	Brookside PTO	110 Congress St Milford, Ma 01757	Donation	200
Apr 7, 2015	Cafe Sorrento	143 Central St Milford, MA 01757	Election Night Party	709.89
Apr 11, 2015	Irwin Family Fund		Donation	200
Apr 13, 2015	MGH Children's Pediatric Cancer Center		Doantion	100
Apr 11, 2015	Milford Baseball Scholarship Fund		Donation	200
Apr 8, 2015	Milford Town Crier	48 Mechanic St Upton, MA 01568	Advertisement	511
Apr 8, 2015	Milford Town Crier	48 Mechanic St Upton, MA 01568	Advertisement	511
May 5, 2015	Natalia Marques	113 Central St Milford, Ma 01757	Election Day Food + Soda	245.45
Mar 30, 2015	Pizza Chef	179 Main St Milford, Ma 01757	Campaign Meeting Food	74.38
Apr 19, 2015	Relay for Life		Donation	100
Apr 11, 2015	William Kingkade	50 Woodrldge Rd Milford, Ma 01757	Reimbursement for Loan	345
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	3,608.63
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	3,608.63

\* 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)**

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				<u> </u>
			-	
			1	
				<u> </u>
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enton on man 1 12ms 4	Line 14: TOTAL EXPENDIT	IIDES IN THE DEDION	8
			hould include only those expenditure	

<sup>\*</sup> 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)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	Ø

<sup>\*</sup> 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.

Page 6

## **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
Dec 4, 2014	William Kinkade	50 Woodridge Rd. Mllford, Ma 01757	Loan to Committee	1,255
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	1255