



Commonwealth
of Massachusetts

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: 04/06/2018 Ending Date: 07/30/2018

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)	Milford CARES
Office Sought and District	Committee Name
Residential Address	Nancy N. Wojcik
E-mail:	Name of Committee Treasurer
Phone # (optional):	9 Emerson Lane, Milford MA 01757
	Committee Mailing Address
	E-mail: <u>nancy.n.wojick@gmail.com</u>
	Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,579.14
Line 2: Total receipts this period (page 3, line 11)	72.96
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	1,652.1
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	Milford Federal Savings Bank

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: Nancy N. Wojcik (Treasurer's signature)

Date: Jul 30, 2018

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: _____ (Candidate's signature)

Date: _____

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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)		72.96	
Line 11: TOTAL RECEIPTS IN THE PERIOD		72.96	← 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.

Page 2

SCHEDULE A: RECEIPTS (continued)[illegible]

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

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

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 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
04/07/2018	Jo-Ann DeMaria Morgan Treasurer	1 Lowell Dr. Hopkinton MA 01757	Support for the Milford Medal of Liberty Ceremony	600
04/07/2018	Town of Milford	52 Main St. Milford MA 01757	Support for the Milford Youth Center	600
04/30/2018	Town of Milford	52 Main St. Milford MA 01757	Support for Shining Star Preschool Program	452.1
Line 12: Total Expenditures over \$50 (or listed above)				1,652.1
Line 13: Total Expenditures \$50 and under* (not listed above)				
<div style="display: flex; justify-content: space-between; align-items: center;"> Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD </div>				1,652.1

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	
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Line 13: Expenditures \$50 and under* (not listed above)	
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Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD	
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* 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.

[illegible]

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 →

Line 17: TOTAL IN-KIND CONTRIBUTIONS

* 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.

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
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				



246 MAIN ST, MILFORD, MA 01757-2520

ADDRESS SERVICE REQUESTED

MILFORD CARES
9 EMERSON LN
MILFORD MA 01757-5126

Phone
508-634-2500
Website
www.milfordfederal.com

Customer Statement

Pg 1 of 3

Account Number: xxxxxxxx0105
Statement Date: May 01, 2018 thru May 31, 2018

Summary - All Accounts

Product	Account #	Ending Balance
Small Business Checking	xxxxxxx0105	\$0.00

Small Business Checking - xxxxxxxx0105

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			\$452.10
May 08	145 Check	-452.10		0.00
	ENDING BALANCE			\$0.00

CHECKS ARE CLEARED IN CHECK NUMBER SEQUENCE.
LOST ATM OR DEBIT CARD CALL 1-800-264-5578.

Check Summary

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
145	May 08	452.10						

Number of Checks: 1 * Indicates a skip in sequence e Indicates an electronic check

Overdraft/Returned Item Fees

Fee Type	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
May 01, 2018	452.10	0.00	0.00	452.10	0.00	0.00



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Is your vacation on the horizon?

Notifying us of your travel plans is now easier than ever before with the Milford Federal App!

Visit the Banking Services page to let us know your plans, and we will make sure your debit card is ready to be used!

