



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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**BALLOT**  
**QUESTION**  
**2nd Report 2018**

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2/27/2018 Ending Date: 4/5/2018

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):  
Office Sought and District:  
Residential Address:  
E-mail:  
Phone # (optional):

**Milford CARES**  
Committee Name  
Nancy N. Wojick  
Name of Committee Treasurer  
9 Emerson Lane, Milford MA 01757  
Committee Mailing Address  
E-mail: nancynwojick@gmail.com  
Phone # (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	6,431.84
Line 2: Total receipts this period (page 3, line 11)	5,000
Line 3: Subtotal (line 1 plus line 2)	11,431.84
Line 4: Total expenditures this period (page 5, line 14)	9,852.7
Line 5: Ending Balance (line 3 minus line 4)	1,579.14
Line 6: Total in-kind contributions this period (page 6)	2,280
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. Wojick (Treasurer's signature) Date: 4/12/18

**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: \_\_\_\_\_ (Candidate's signature) Date: \_\_\_\_\_





## 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
3/5/2018	BJs Wholesale Club	100Corporate Dr Franklin MA	Victory party supplies	76.24
3/5/2018	Hickey's Liquos	396 East Main St Milford MA	Beverages for Victory party	244.58
2/26/2018	Myfm103	Congress St. Milford MA	Radio spots	930
3/5/2018	Myfm 103	Congress St. Milford MA	Michael Dundas	148.5
3/1/2018	McCarthy and King Marketing	8 Esther Dr Mildford MA	Advertising/direct mail	7,292
3/6/2018	Oliva's Market	Main St Milford MA	Food Victory party	90
3/5/2018	Political Marketing Intl., Inc.	4415-C Constitutional Lane Marianna FL 32447	Robo calls	135
3/2/2018	Postal Center	9C Medway Rd Milford MA	"Still Yes" signs	239.06
3/6/2018	Restaurant 85	45 Milford St Medway MA	Dinner Victory party	519.14
3/6/2018	Sunnyside Florists	Rt 85 Hopkinton MA	Supplies Victory party	125.24
Line 12: Total Expenditures over \$50 (or listed above)				9,799.76
Line 13: Total Expenditures \$50 and under* (not listed above)				52.94
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>9,852.7</b>

Enter on page 1, line 4 →

\* 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
3/8/2018	Extra Value Checks	Milford Federal Savings Main St Milford MA	Additional checks	18.78
3/5/2018	Michaels	251 Hartford Ave Bellingham MA	Supplies Victory Party	13.32
2/10/2018	Staples	200 Fortune Blvd Milford MA	Copies and postage	20.84
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.





Commonwealth  
of Massachusetts

# Form CPF SV-1 (M): Report of Subvendor Payments (Municipal) Office of Campaign and Political Finance

File with: Local Election Official

Please itemize any payments made to subvendors by detailing the date, payee, address, purpose and amount for each expenditure made by the vendor whom you contracted with for goods and/or services.

Filer Name: Milford CARES

Name of Original Vendor: McCarthy & King Marketing, Inc.

Date of payment: March 1, 2018 Total amount of payment: \$12,372.42

### ITEMIZE SUBVENDOR PAYMENTS (OR LIABILITIES INCURRED) OF \$500 OR MORE

Date Paid	Subvendor Name	Subvendor Address	Purpose of Expenditure	Amount
3/1/18	MP Design	346 Belknap Road Framingham, MA 01701	Graphic Design	\$1,560.00
3/1/18	Storbust Printing	300 Hopping Brook Road Holliston, MA 01746	Printing	\$5,157.00
3/1/18	New England Professional Systems (NEPS)	390 Hopping Brook Road Holliston, MA 01746	Address/Mailing Services	\$1972.00
3/1/18	New England Professional Services (NEPS)	390 Hopping Brook Road Holliston, MA 01746	Postage (pass through to USPS)	\$3,677.42

(Attach additional pages, if necessary.)

Line 1: Total Itemized Subvendor Expenditures (itemized above):

\$12,372.42.42

Signed under the penalties of perjury:

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Include title if signing on behalf of a group)

Please prepare a separate report for each check issued to a vendor who made subvendor payments.