



Commonwealth
of Massachusetts

File with: Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411, Boston, MA 02108

CPF ID #:

(For Office Use Only)

**Form CPF 101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE**
Office of Campaign and Political Finance

2016 MAR 28 PM 3:05

(617) 979-8300 / (800) 462-OCPPF

ocpf@ocpf.state.ma.us
www.mass.gov/ocpf

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:

CANDIDATE:	Full Name:	Joseph Morais		
	Residential Address:	21 Roland Way		
	City / State / Zip:	Milford	MA	01757
	Email Address:	joemorais@yahoo.com	Phone #:	617-529-2042
	Party Affiliation:	(If applicable)		
OFFICE SOUGHT/PURPOSE:				
	Title:	Milford School Committee		
	District:	Milford, MA.		

COMMITTEE:	Name of Committee:	Committee to Re-elect Joe Morais		
		(The name of the committee must include the candidate's last name)		
	Committee Mailing Address:	21 Roland Way		
	City / State / Zip:	Milford	MA	01757
		Phone #:	508-473-3303	
OFFICERS:				
Chairman:	Joseph Morais		Treasurer*:	Allison Morais
Residential Address:	21 Roland Way		Residential Address:	21 Roland Way
City / State / Zip:	Milford	MA	01757	City / State / Zip: Milford MA 01757
Email:	joemorais@yahoo.com	Phone #:	617-529-2042	Email: amorais@us.ibm.com Phone #: 508-473-3303
* A public employee may not serve as treasurer of any political committee (see reverse).				
(Attach an additional page, 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:

Joe Morais
Candidate's signature

Date: 3/4/16

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:

Allison Morais
Treasurer's signature

Date: 3/4/16

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Joe Morais
Chairman's signature

Date: 3/4/16



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
OFFICE OF CAMPAIGN AND POLITICAL FINANCE

2016 MAR 28 PM 3:05

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2016 Ending Date: Mar 28, 2016

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Joseph Morais

Candidate Full Name (if applicable)

School Committee

Office Sought and District

21 Roland Way Milford, MA. 01757

Residential Address

E-mail: joemorais@yahoo.com

Phone # (optional): (617) 529-2042

Committee to re-elect Joe Morais

Committee Name

Allison Morais

Name of Committee Treasurer

21 Roland Way Milford, MA. 01757

Committee Mailing Address

E-mail: amorais@us.ibm.com

Phone # (optional): (508) 473-3303

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	4,671
Line 3: Subtotal (line 1 plus line 2)	4,671
Line 4: Total expenditures this period (page 5, line 14)	3,066.42
Line 5: Ending Balance (line 3 minus line 4)	1,604.58
Line 6: Total in-kind contributions this period (page 6)	1,730
Line 7: Total (all) outstanding liabilities (page 7)	3,166
Line 8: Name of bank(s) used:	Citizens 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: [Signature] (Treasurer's signature)

Date: 3/28/16

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: 3/28/16

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)
Mar 12, 2016	Charles Brucato 3 Suzette Rd. Milford MA. 01757	100	
Mar 12, 2016	John Erickson 10 Rosenfeld Ave Milford MA 01757	100	
Mar 12, 2016	Kincade Committee 50 Woodridge Rd. Milford, MA. 01757	100	
Mar 12, 2016	Joshua Lioce 97 Highland St. Milford, MA 01757	100	
Mar 12, 2016	Roger Marshall 4 Isaiah Circle Milford MA. 01757	150	
Mar 12, 2016	Michael Walsh 10 Prairie St. Milford MA 01757	100	
Line 9: Total Receipts over \$50 (or listed above)		650	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		4,021	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4,671	

* 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 9, 2016	BJ's	100 Corporate Drive, Franklin MA	Ingredients/Items for Bake Sale	77.28
Mar 11, 2016	Oliva's	83-85 Main St. Milford, MA 01757	Bake Sale Goods	170
Mar 12, 2016	Milford Portuguese Club	119 Prospect Heights, Milford MA 01757	Hall Rental	200
Jan 20, 2016	Signs Plus	South Main St. Milford MA 01757	Campaign Signs	933.34
Mar 7, 2016	Town Crier	48 Mechanic Street Upton, MA 01568	Advertisement	1,022
Mar 9, 2016	WMRC	258 Main St. Milford MA 01757	Advertisement	453.6
Line 12: Total Expenditures over \$50 (or listed above)				2,856.82
Line 13: Total Expenditures \$50 and under* (not listed above)				209.6
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				3,066.42

* 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
Mar 12, 2016	Nick Oliva	83 E Main St. Milford MA. 01757	20 loaves of bread	100
Mar 12, 2016	Antonio Morais	4 Christina Rd. <i>Milford MA</i>	Tripe	120
Mar 12, 2016	Lucy Jenkins	<i>Highland St Milford MA</i>	Relaxation Basket	150
Mar 12, 2016	Connie Burns	<i>Hopedale, MA</i>	Oliva's Market Gift Basket	60
Line 15: In-Kind Contributions over \$50 (or listed above)				430
Line 16: In-Kind Contributions \$50 & under (not listed above)				1,200
<div style="display: flex; justify-content: space-between; align-items: center;"> Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS </div>				1,730

* 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
Mar 12, 2016	Joseph Morais	21 Roland Way	Loan to committee	3,166
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	3,166