



Commonwealth  
of Massachusetts

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

RECEIVED  
TOWN CLERK'S OFFICE

2012 MAY -2 AM 11:51

MILFORD, MASS

File with:  
City or Town Clerk or Election Commission Please print or type all information, except signatures.

Fill in dates:  
Reporting Period Beginning Month 03 Date 27 Year 2012 Ending Month 05 Date 01 Year 2012

Type of report: (Check one)

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

RICHARD J. PERSON

Full Name of Candidate (if applicable)

MILFORD LIBRARY Bd. of Trustees

Office Sought and District

17 SHADOCK BROOK LN # 9

Residential Address

508-478-6630

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ -487,50  
Line 2: Total receipts this period (page 2, line 11) \$ 0  
Line 3: Subtotal (line 1 plus line 2) \$ 0  
Line 4: Total expenditures this period (page 3, line 14) \$ 0  
Line 5: Ending balance (line 3 minus line 4) \$ 0  
Line 6: Total in-kind contributions this period (page 4) \$ 0  
Line 7: Total (all) outstanding liabilities (page 4) \$ 0  
Line 8: Name of bank(s) used N/A

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:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

Richard J. Person

Candidate signature (in ink)

5/2/12

Date



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2012 DEC -3 AM 10:45

MILFORD, MASS

### Fill in dates:

Reporting Period Beginning

Month

5

Date

3

12

Year

Ending

Month

12

Date

31

Year

12

### Type of report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

RICHARD J. PERSON

Full Name of Candidate (if applicable)

MILFORD TOWN LIBRARY TRUSTEE

Office Sought and District

17 SHADOWBROOK LN #9

Residential Address

508-478-6630

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report

\$ 0.00

Line 2: Total receipts this period (page 2, line 11)

\$ 0.00

Line 3: Subtotal (line 1 plus line 2)

\$ 0.00

Line 4: Total expenditures this period (page 3, line 14)

\$ 0.00

Line 5: Ending balance (line 3 minus line 4)

\$ 0.00

Line 6: Total in-kind contributions this period (page 4)

\$ 0.00

Line 7: Total (all) outstanding liabilities (page 4)

\$ 0.00

Line 8: Name of bank(s) used

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Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

### FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

### Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

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☐ Candidate without Committee OR Candidate with independent activity filing separate report

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Signed under the penalties of perjury:

Candidate signature (in ink)

Date