



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

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

ocpf@cpf.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 the candidate's committee as follows:

CANDIDATE: Full Name: Charles W SKAFF
Residential Address: 2 UNION ST
City / State / Zip: MILFORD MASS 01757
Email Address: SKAFFTOWN@gmail.com Phone #: _____
Party Affiliation: _____ (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: Board of Assessors
District: Milford mass 01757

COMMITTEE: Name of Committee: Committee to Elect Charles SKAFF
(The name of the committee must include the candidate's last name)
Committee Mailing Address: 2 UNION ST
City / State / Zip: Milford MA 01757 Phone #: _____

OFFICERS:

Chairman: <u>Charles SKAFF</u>	Treasurer*: <u>JOHNNA O'Houghlin</u>
Residential Address: <u>2 UNION ST</u>	Residential Address: <u>3 ISERIA CR.</u>
City / State / Zip: <u>Milford MA 01757</u>	City / State / Zip: <u>Milford MA 01757</u>
Email: <u>SKAFFTOWN@gmail.com</u> Phone #: <u>508 4787131</u>	Email: _____ Phone #: _____

* 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:

Charles W Skaff
Candidate's signature

Date: 4/26/17

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:

JOHNNA O'Houghlin
Treasurer's signature

Date: 4/26/17

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Charles W Skaff
Chairman's signature

Date: _____



Commonwealth
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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 3/28/17 Ending Date: 5/4/17

Type of Report: (Check one)

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

Charles W SKAFF
Candidate Full Name (if applicable)
Board of Assessors
Office Sought and District
2 UNION ST Milford Mass 01757
Residential Address
E-mail: SKAFFTOWN @ Gmail.com
Phone # (optional): _____

Committee to Elect Charles SKAFF
Committee Name
Johnny O'Loughlin
Name of Committee Treasurer
2 UNION ST Milford Mass 01757
Committee Mailing Address
E-mail: SKAFFTOWN @ Gmail.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>933.26</u>
Line 2: Total receipts this period (page 3, line 11)	_____
Line 3: Subtotal (line 1 plus line 2)	_____
Line 4: Total expenditures this period (page 5, line 14)	<u>951.19</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>-17.93</u>
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:	<u>Milford Federal Savings</u>

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)

Date: 4/26/17

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: Charles W Skaff (Candidate's signature)

Date: 4/26/17

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/18/17	Town Crier Pub.	48 mechanic st Upton mass	ADD	\$481.00
3/9/17	Signs Plus	89 So. Main st Milford	wire stands For Signs	\$51.00
3/22/17	Post office	Congress st Milford ma	STAMPS Postage	\$49.00
3/22/17	Best Buy	208 Fortune Blv. Milford ma	TIHER	\$72.77
4/4/17	Gene's Variety	Milford ma 80 water st	Food	\$85.00
4/4/17	Pizza Chef	Main st Milford ma	Food	\$107.00
3/24	Lowe's	Milford ma.	wood For Signs	\$12.42
4/5/17	Isabel's Restaurant	335 1/2 main st Milford mas	Election Night Food, Supplies	\$100.00
Page 2 Total (add to Line 1 on Page 1):				951.19