

Form CPF M101: STATEMENT OF ORGANIZATION

CANDIDATE'S COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

RECEIVED TOWN CLERK'S OFFICE.

2011 JAN -5 PM 1:28

File	with:

City or Town Clerk or Election Commission

	Please print or type all information, except signatures
NOTICE IS HEREBY GIV candidate's committee as fo	VEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a ollows:
1. Committee Name:	Committee to Elect Michael P. Visconti Jr. (The name of the committee must include the candidate's last name)
2. Committee Address	: 7 muriel ha milford MA 01757
2a. Mailing Address:	7 muriel Ln milford MA 01757
3. Purpose:	Town of Milford April 4, 2011 General Election
1. Officers: Chairman:	Name Residential Address Zip Tel. No. 508 478 0020 Michael P Visconti Jr 7 Muriel Ln Milford MA 01757
Treasurer:	Linda J Visconti 7 muriel Ln Milford MA 01757
Other officer:	
Other officer:	
	Attach additional page, if necessary, with other officers and finance committee, if any 508 478 002
5. Candidate:	Michael P Visconti Ir. 7 muriel Ln Milford MA 01757
5. Office Sought:	Name Address Zip Tel. No. Selectman Milford N/A
o. Office Sought.	Title District Party affiliation, if applicable
	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. SIGNAL UNDER THE AGNALTIES OF PERJURAY
	Candidate's signature 1/3/2011 Date
.(] .(I hereby accept the office of treasurer of the above-named committee. I understand that 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. SIGNED UNDER THE PENALTIES OF PERJURY:
	$T = \frac{1}{2} $

I hereby accept the office of Chairman of the above named committee. SIGNED UNDER THE PERSON OF PERJUKY:

Treasurer's signature

Date



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

RECEIVED

Massachusetts	OWN CEERK'S OFFICE
le with: ty or Town Clerk or Election Commission Please print or type al	l information, except signatures. 2011 HAR 28 PH 1: 12
Fill in dates: Memb Date Reporting Period Beginning ! 3 c	Year Mouth Jan FORD MASS
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding electrons.	ction □30 day after election □year-end report □dissolution
Michael P. Visconti, Jr. Full Name of Candidate (If applicable)	Committee to Elect michael P. Viscont, Jr. Committee Name
Selectman	Linda J. Visconti
Office Sought and District	Name of Committee Treasurer
7 Muriel Ln	7 Muriel Ln
Residential Address	Committee Mailing Address
508-478-0020	508-478-0020
Tel. No. (optional)	Tel. No. (optional)
Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this Line 5: Ending balance (line 3 min Line 6: Total in-kind contribution Line 7: Total (all) outstanding lia Line 8: Name of bank(s) used	nus line 4) \$ 500 - ns this period (page 4) \$ -0- abilities (page 4) \$ -0-
campaign finance activity, including all contributions, loans, receipts, exp and represents the campaign finance activity of all persons acting under M.G.L. c. 35. Signed under the penalt	3/28/11
Treasurer's signature (in/ink)	Date
FOR CANDIDATE FILINGS (ONLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or chave not received any contributions, incurred any liabilities nor made any Candidate without Committee OR Candidate with independent act I certify that I have examined this report including attached schedules an	nd it is, to the best of my knowledge and belief, a true and complete statement of all on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I expenditures on my behalf during this reporting period.

activity of all possons acting under the authority or on behalf of this committee in accordance with the requirements of signed under the penalties of perjury:

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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received			Amount Occupation & En	
3/1/11	Nicholas D. Valorie 3 Nicholas Rd Milford MA 01757	300.		self Employed Franklin Financial
11/24/10	michael P Visconti, Sc. 7 muriel Ln Milford MA 01757 (candidate) Michael P Visconti, JV	,	57	Self Employed mant consult
12/8/16	milford MA 01757 (candidate)	98	81	Self Employed mant Consul- N/A
1/26/11	Michael P. Visconti, Jr. 7 Muriel Ln. Milford MA 01757 (candidate)	<i>25</i> 2	91	Seif Employed mami Consult
2/28/11	Michael F. Zarenne 7 Blanchard Rd Milford, MA 01757	200.	-	Retired
			·	
ine 9: To	otal receipts in excess of \$50 (or listed above)	102 2	9	
ine 10: To	otal receipts \$50 and under* (not listed above)	N/A		
ine 11: TC	OTAL RECEIPTS IN THE PERIOD /	102 3	29:	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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
12/8/10	Ad Print	96 maiń St Medway MA 02053	Campaign Cards	98	81
11/24/10	Signs on the Cheap	11525 B Stonehollow Dr Suite 220 Austin, TX 78758	Campaign Signs	250	57
1/26/11	Signs on the Cheap	11525 B Stonehollow Dr Suite 220 Austin, TX 78758	Campaign Signs	252	91
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					-
,					
:					
·					
		Line 12: E	xpenditures over \$50	602	29
, ·		Line 13: E	xpenditures \$50 and under*	N/A	.,
Er	nter on page 1, line 4	Line 14: T	OTAL EXPENDITURES	602 2	19

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

Page 3

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	1			
· · · · · · · · · · · · · · · · · · ·			In-kind over \$50	N/A
		Line 16:	In-kind \$50 and under	N/A
•	Enter on page 1, line 6	Line 17:	Total In-kind	-0-

^{*} 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: OUTSTANDING	LIABILITIES (ALL)	-0-

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4