M. Walsh

Commonwealth of Massachusetts

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

#2

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/31/15 Ending Date: 5/7/15

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)

MICHAEL K WALSH

Office Sought and District

SCHOOL COMMITTEE

Residential Address

Telephone Number (optional): 508-478-4242

Committee Name

COMMITTEE TO ELECT MIKE WALSH

Name of Committee Treasurer

NANCY WALSH

Committee Mailing Address

10 PRAIRIE ST. MILFORD, MA. 01757

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1:	Ending Balance from previous report	.00
Line 2:	Total receipts this period (page 2, line 11)	.00
Line 3:	Subtotal (line 1 plus line 2)	.00
Line 4:	Total expenditures this period (page 3, line 14)	.00
Line 5:	Ending Balance (line 3 minus line 4)	.00
Line 6:	Total in-kind contributions this period (page 4)	700.20
Line 7:	Total (all) outstanding liabilities (page 4)	.00
Line 8:	Name of bank(s) used:	MILFORD NATIONAL 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 Walsh (Treasurer's signature) Date: 6.30.15

FOR CANDIDATE FILINGS ONLY: **Affidavit of Candidate: (check 1 box only)**

☑ **Candidate with 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**
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: M.K Walsh (Candidate's signature) Date: 6-30-15

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
3/30	MICHAEL & NANCY WALSH	10 PRAIRIE ST MILFORD, MA 01757	CHECK NEWSPAPER	441.00
3/26	MICHAEL & NANCY WALSH	10 PRAIRIE ST MILFORD, MA. 01757	CHECK. RADIO ADS	259.20

* 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.

Line 15: In-Kind Contributions over $50 (or listed above)	700.20
Line 16: In-Kind Contributions $50 & under (not listed above)	
Line 17: TOTAL IN-KIND CONTRIBUTIONS	700.20

Enter on page 1, line 6 →

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

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	

Enter on page 1, line 7 →