



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

2014 MAR 24 PM 2:35

Please print or type all information, except signatures.

MILFORD, MASS

Fill in dates:

Reporting Period Beginning

Month 01 - Day 06 - Year 2014

Ending

Month 03 - Day 24 - Year 2014

Type of report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

Melissa Alves - Tomas

Full Name of Candidate (if applicable)

Tax Collector - Town of Milford

Office Sought and District

33 Glines Ave. Milford, MA 01757

Residential Address

Tel. No. (optional)

COMMITTEE TO ELECT MELISSA ALVES-T

Committee Name

Elizabeth M. Carneiro

Name of Committee Treasurer

33 Glines Ave, Milford, MA 01757

Committee Mailing Address

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$	0
Line 2: Total receipts this period (page 2, line 11)	\$	10,791.00
Line 3: Subtotal (line 1 plus line 2)	\$	10,791.00
Line 4: Total expenditures this period (page 3, line 14)	\$	8,393.66
Line 5: Ending balance (line 3 minus line 4)	\$	2,397.34
-----		
Line 6: Total in-kind contributions this period (page 4)	\$	2,643.00
Line 7: Total (all) outstanding liabilities (page 4)	\$	6,315.00
Line 8: Name of bank(s) used		Milford Federal Savings & Loan Assoc

#### 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:

Elizabeth M. Carneiro  
Treasurer's signature (in ink)

March 24, 2014  
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:

Melissa Alves Tomas  
Candidate signature (in ink)

March 24, 2014  
Date

**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	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/9/14	Phyllis AHEARN 39 Godfrey St, Milford MA	100 00	
1/13/14	Melissa ALVIS-TOMAS 33 GLINES AVE, Milford, MA.	1,000 00	Interim Director TOWN OF MILFORD, MA
2/27/14	Melissa ALVIS-TOMAS 33 GLINES AVE-MILFORD MA	1,000 00	INTERIM DIRECTOR TOWN OF MILFORD
3/1/14	FAY Andreola 3 STUBTOL LANE, Milford, MA	100 00	
1/27/14	ELIZABETH Carneiro 12 Pleasant St, MILFORD, MA	200 00	DIRECTORS ASSISTANT LITTLE STARS DAYCARE
2/21/14	Hector CARNEIRO 12 Pleasant St, Milford, MA	150 00	
3/1/14	JUDITH Cherrington 19 East Wood St, Milford, MA	200 00	Retired
3/1/14	Gloria Cosquette 1 Clearview Dr. Milford, MA	100 00	
3/1/14	MARIA ELLMORE 23 Glines Ave, MILFORD, MA	250 00	Clerk FOL INSURANCE
3/14/14	Elizabeth Fernandes 10 Diana Circle, Milford, MA	250 00	PARKING CLERK TOWN OF MILFORD,
1/29/14	Antonio Gomes 25 Glines Ave. Milford, MA	400 00	Retired
3/1/14	Amanda Gorneau 72 MT PLEASANT ST, MILFORD MA	100 00	
2/21/14	Lisa M. Gorneau 72 mt Pleasant St, Milford MA	200 00	TEACHERS ASSISTANT LITTLE STARS DAYCARE
3/1/14	MARIA M. Gorneau 72 mt Pleasant St, Milford, MA	250 00	HUMAN RESOURCES MGR VICTORY HEATING & A/C
1/28/14	Alexandra Jannelli 33 NORTH ST, Milford, MA	500 00	owner / Director DBA- LITTLE STARS DAYCARE
Line 9: Total receipts in excess of \$50 (or listed above)			
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			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.

CONTINUED TO PAGE # 2

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	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/1/14	CARLO MOLINARI 39 CLARK ST, MILFORD, MA	100 00	
3/1/14	LISA HUKAIS 30 UNION ST. MILFORD, MA.	300 00	CUSTOMER SERVICESUPERVISOR MILFORD FEDERAL SAVINGS
3/1/14	GINO PINTO 92 MT PLEASANT ST, MILFORD MA	72 00	
3/17/14	JOHN SILVA 44 WHITEWOOD RD, MILFORD	100 00	
3/1/14	MARIA VALANCA 7 BEAR HILL RD, MILFORD, MA	145 00	
3/4/14	MARIA VARVICIONE 8 TEMPLE ST, Medway MA	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		5,617 00	
Line 10: Total receipts \$50 and under* (not listed above)		5,174 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		10,791 00	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.

CONTINUED FROM PAGE # 1

**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 number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/21/14	A.G.E Graphics LLC	679 Collins Rd Little Hocking, OH	Political Lawn Signs	1645 00
3/5/14	COOFAN MARKETING	56 Silver Hill Rd MILFORD, MA 01757	Campaign Brochure & Marketing	750 60
1/5/14	ITALIAN AMERICAN VETS CLUB	4 Hayward Field MILFORD, MA 01757	HALL RENTAL FOR KICK-OFF	150 00
1/20/14	J.B. Foley PRINTING	1469 Broad St. PROVIDENCE, RI 02905	Printing Brochures	454 75
1/29/14	MILFORD Portuguese Club	119 Prospect Hts MILFORD, MA 01757	DEPOSIT: HALL RENTAL FOR Bake Sale	100 00
1/29/14	MILFORD Portuguese Club	119 Prospect Hts MILFORD, MA 01757	DEPOSIT HALL RENTAL - ELECTION NIGHT	100 00
3/1/14	MILFORD Portuguese Club	119 Prospect Hts MILFORD, MA 01757	BALANCE FOR Bake Sale Day	130 00
1/6/14	MORINS STUDIO	14 Pine St. MILFORD, MA 01757	Campaign Photos Brochures/Media	207 19
3/4/14	Patch of Milford	AOL Business Communications	ADVERTISEMENTS FROM 3-1-14 TO 4-1-14	815 12
2/14/14	TOWN CRIER NEWSPAPER	48 Mechanic St. UPTON, MA 01568	ADVERTISING	1,138 00
2/25/14	TOWN CRIER NEWS PAPER	48 MECHANIC ST UPTON, MA 01568	ADVERTISING	938 00
3/10/14	TOWN CRIER NEWS PAPER	48 Mechanic St UPTON, MA 01568	ADVERTISING	594 50
3/19/14	UNITED STATES DISTAL SERVICE	4 CONGRESS ST. MILFORD, MA 01757	MAILING	117 60
1/16/14	WMRC RADIO STATION	258 MAIN ST. MILFORD, MA 01757	CAMPAIGN KICK-OFF ANNOUNCEMENTS	129 60
2/21/14	WMRC RADIO STATION	258 MAIN ST MILFORD, MA 01757	ADVERTISING PACKAGE	930 00
3/19/14	WMRC RADIO STATION	258 MAIN ST MILFORD, MA 01757	voice of PORTUGAL ADVERT.	194 40
Line 12: Expenditures over \$50				8,393 66
Line 13: Expenditures \$50 and under*				0
<b>Line 14: TOTAL EXPENDITURES</b>				<b>8,393 66</b>

Enter on page 1, line 4

\*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
3/1/14	Benilde Alves	117 PROSPECT HGBTS MILFORD, MA 01757	Baked Goods	180.00
3/1/14	JOHN ALVES	53 MADDEN AVE MILFORD, MA 01757	Baked Goods	160.00
3/1/14	MARIA ALVES	53 MADDEN AVE. MILFORD, MA 01757	SUPPLIES FOR Bake Sale & PAPER GOODS	300.00
3/1/14	JANET CARLIN	12 BRADFORD AVE MILFORD, MA 01757	Coach BAG SILENT AUCTION	125.00
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

\* 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
1/21/14	MELISSA ALVES TOMAS	33 GLINES AVE MILFORD, MA 01757	A.G.E. YARD SIGNS - pd on c/c	1645.00
2/14/14	MELISSA ALVES TOMAS	33 GLINES AVE MILFORD, MA 01757	TOWN CRIER ADVERTISING pd c/c	1138.00
2/25/14	MELISSA ALVES TOMAS	33 GLINES AVE MILFORD, MA 01757	TOWN CRIER ADVERTISING pd on c/c	938.00
3/10/14	MELISSA ALVES TOMAS	33 GLINES AVE MILFORD, MA 01757	TOWN CRIER ADVERTISING pd on c/c	594.00
1/14/14	MELISSA ALVES TOMAS	33 GLINES AVE MILFORD, MA 01757	Loan	1,000.00
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7

CONTINUED TO PAGE #2

**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
3/1/14	SANDRA IANNITELLI	33 NORTH ST. MILFORD, MA 01757	Baked Goods & GIFT BASKET	140.00
3/1/14	MAKIA LOPES	8 DIANTONIO DR. MILFORD, MA 01757	Baked Goods & GIFT BASKET	150.00
Line 15: In-kind over \$50				1,055.00
Line 16: In-kind \$50 and under				1,588.00
Line 17: Total In-kind				2,643.00

Enter on page 1, line 6

\* 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
2/27/14	MELISSA ALVES TOMAS	33 GINES AVE MILFORD, MA 01757	Loan	1,000.00
Line 18: OUTSTANDING LIABILITIES (ALL)				6,315.00

Enter on page 1, line 7

CONTINUED FROM PAGE 1