



Commonwealth of Massachusetts

File with: Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411, Boston, MA 02108

CPF ID #:

**Form CPF 101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE**
Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE
(For Office Use Only)

2017 FEB 10 A 11:40

2017 FEB 14 AM 11:55
MILFORD, MASS
(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 a candidate's committee as follows:

CANDIDATE: Full Name: William D. Buckley
 Residential Address: 32 Iadarola Avenue
 City / State / Zip: Milford, MA 01757
 Email Address: billbuckley1@verizon.net Phone #: 508-981-5720
 Party Affiliation: N/A (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: Selectman
 District: Milford, ma

COMMITTEE: Name of Committee: Committee to Elect Bill Buckley
 (The name of the committee must include the candidate's last name)
 Committee Mailing Address: 32 Iadarola Ave
 City / State / Zip: Milford ma 01757 Phone #: 508-981-5720

OFFICERS:

Chairman: <u>Beth Fraser</u> Residential Address: <u>42 Camp St</u> City / State / Zip: <u>Milford, ma 01757</u> Email: <u>beth@frasermail.com</u> Phone #: <u>617-645-0067</u>	Treasurer*: <u>Benjamin Roy</u> Residential Address: <u>8 Reagan Road</u> City / State / Zip: <u>Milford, MA 01757</u> Email: <u>ben-d-roy@yahoo.com</u> Phone #: <u>508-473-1902</u>
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* 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:

William D. Buckley Date: 2/6/17
Candidate's signature

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:

[Signature] Date: 2/7/17
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Beth Fraser Date: 2/7/17
Chairman's signature



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

2017 MAR 27 AM 9:09

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5-12-14 Ending Date: MILFORD, MASS

Type of Report: (Check one)

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

William D. Buckley
Candidate Full Name (if applicable)
Selectman Milford, Ma
Office Sought and District
32 Tadarok Ave Milford, Ma 01757
Residential Address
E-mail: bill.buckley@verizon.net
Phone # (optional): _____

Committee to Re-elect Bill Buckley
Committee Name
Benjamin Roy
Name of Committee Treasurer
32 Tadarok Ave Milford, Ma 01757
Committee Mailing Address
E-mail: ben-d-roy@yahoo.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	208.68
Line 2: Total receipts this period (page 3, line 11)	8440.00
Line 3: Subtotal (line 1 plus line 2)	8648.68
Line 4: Total expenditures this period (page 5, line 14)	7852.16
Line 5: Ending Balance (line 3 minus line 4)	796.52
Line 6: Total in-kind contributions this period (page 6)	59.77
Line 7: Total (all) outstanding liabilities (page 7)	2000.00
Line 8: Name of bank(s) used:	Milford Federal 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: [Signature] (Treasurer's signature)

Date: 3/26/17

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: [Signature] (Candidate's signature)

Date: 3/26/17

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
2-5-17	Barlow, Raymond 7 Park Lane Ave Milford	1000 ⁰⁰	Federal Reserve Bank Analyst
2-5-17	Barlow, Taryn 7 Park Lane Ave Milford	1000 ⁰⁰	Speech Pathologist Milford Medical Ctr
3-3-17	Brutsh, David 2 Kalen Circle	100 ⁰⁰	
3-3-17	Buckley, David 11 Susans Way Franklin MA	100 ⁰⁰	
1-30-17	Buckley, William 32 Iadarela Ave Milford	2000 ⁰⁰	Base Corp Global Supplier Engineer
2-4-17	Correia, Alberto 3 Leah Lane Milford	100 ⁰⁰	
3-3-17	Delfanti, Thomas 8 South Terrace. Milford	200 ⁰⁰	self employed Whitinsville Monument
3-3-17	Diorio, Michael 11 Calvin Dr Milford	100 ⁰⁰	
2-11-17	Doiron, Raymond 252 Purchase St Milford	300 ⁰⁰	self employed
2-6-17	Goncalves, Lucinda PO Box 316 Mendon	500 ⁰⁰	self employed
3-3-17	Grimes, Marlen 16 Vassar Dr Milford	100 ⁰⁰	
3-3-17	Kingade, Gerabline 77 Purchase St Milford	100 ⁰⁰	
Line 9: Total Receipts over \$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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3-3-17	Kingcade, Lisa 50 Woodridge Rd Milford	100 ⁰⁰	
3-3-17	Loce, Joshua 97 Highland St Milford	100 ⁰⁰	
3-3-17	Ross, Edward 89 Prospect Hgts Milford	100 ⁰⁰	
2-7-17	Sanborn, William 10 Virginia Dr Milford	100 ⁰⁰	
3-6-17	Scandone, Peter 16 Rockwood Ln Upton	100 ⁰⁰	
3-8-17	Usher, Keith 179 Blackstone St Mendon	300 ⁰⁰	Self-employed
2-6-17	Vaz, Ana PO Box 553 Milford	500 ⁰⁰	Self employed
2-5-17	Vaz, Roy 13 Highland St Milford	1000 ⁰⁰	Self employed
3-8-17	Vieira, Jose 1 Hazel Circle Milford	100 ⁰⁰	

Line 9: Total Receipts over \$50 (or listed above) 8000⁰⁰

Line 10: Total Receipts \$50 and under* (not listed above) 440⁰⁰

Line 11: TOTAL RECEIPTS IN THE PERIOD 8440⁰⁰

← 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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
3-17-17	Chase-Vista Print Visa	PO Box 1423 Charlotte, NC	Mail Flyers - Political	1523. ⁷⁷
3-3-17	Hoboken Club	252 Central St Milford, MA	Hall Rental	225. ⁰⁰
3-3-17	Piazza Catering	Calvin Dr Milford MA	Rally event-food	400. ⁰⁰
2-22-17	Postmaster Milford	Congress St Milford MA	Stamps	40. ⁸⁰
2-17-17	Ridgewood Prints	5 Fayette St Milford MA	Handout Flyers	118. ⁰⁰
1-31-17	Town Crier	48 Mechanic St Upton, MA	Newspaper Advertisement	511. ⁰⁰
2-17-17	Town Crier	48 Mechanic St Upton, MA	Newspaper Advertisement	551. ⁰⁰
3-1-17	Town Crier	48 Mechanic St Upton, MA	Newspaper Advertisement	471. ⁰⁰
3-22-17	Town Crier	48 Mechanic St Upton, MA	Newspaper Advertisement	1,022. ⁰⁰
3-22-17	Universal Tag Inc	36 Hall Road Dudley MA 01571	Political Mail Flyers	2,149. ⁹⁹
2-24-17	WMRC-FM 101.3	258 Main St Milford MA	Political Radio Advertisement	604. ⁸⁰
3-17-17	WMRC-FM 101.3	258 Main St Milford, MA	Political Radio Advertisement	64. ⁸⁰
Line 12: Total Expenditures over \$50 (or listed above)				...
Line 13: Total Expenditures \$50 and under* (not listed above)				...
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				...

* 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
3-1-17	Barlow, Lori	5 B Congress St Milford, MA	4x6 Political Postcards	59.77
Line 15: In-Kind Contributions over \$50 (or listed above)			59.77	59.77
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			59.77	59.77

* 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.

