



Commonwealth of Massachusetts

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: 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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="5,308"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="5,308"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="3,289.02"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="2,018.98"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="361"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="1,100"/>
Line 8: Name of bank(s) used:	<input type="text" value="Middlesex Savings 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: Rosanna Blanchard (Treasurer's signature) Date:

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: John Erickson (Candidate's signature) 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.

(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)
02/24/2014	Blanchard, Rosanna 10 Rosenfeld Ave, Milford, MA	400	Real Estate Agent, Afonso Real Estate, 189 Main St. Milford, MA
03/15/2014	Diane Chambers 65 East St. Ext. Milford, MA	60	Retired
03/15/2014	Cheschi, Robert 18 North St., Milford, MA	500	Union Laborer Currently Unemployed
03/15/2014	Cortese, Amy 22 Florence St., Milford, MA	100	Accountant Nash, Hix, & Company
03/01/2014	Erickson, Diana 59 Crockett Rd., Milford, MA	500	Account Payables Representative Milton Caterpillar
02/24/2014	Erickson, John (Loan To Committee) 10 Rosenfeld Ave., Milford, MA	300	Building Commissioner Town of Milford
02/28/2014	Erickson, John (Loan to Committee) 10 Rosenfeld Ave., Milford, MA	800	Building Commissioner Town of Milford
03/15/2014	Kingkade, William 50 Woodridge Rd., Milford, MA	75	
03/15/2014	LeClaire, Shelly 28 Hillside Ave., Milford, MA	100	
03/15/2014	Lobisser, Kevin 31 Whitewood Rd.	100	
03/15/2014	Lobisser, Leslie 31 Whitewood Rd.	100	
03/15/2014	Marcotte, Mark 55 Claflin St.	500	Self Employed Sole Proprietor Installs Hardwood Flooring
Line 9: Total Receipts over \$50 (or listed above)		3,535	
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)
03/15/2014	Martin, Mary 14 Sunnyside Lane, Milford, MA	100	
03/15/2014	Mazzuchelli, Paul 22 Woodridge Rd., Milford, MA	100	

Line 9: Total Receipts over \$50 (or listed above)	3,735
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Line 10: Total Receipts \$50 and under* (not listed above)	1,573
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Line 11: TOTAL RECEIPTS IN THE PERIOD	5,308
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← 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
03/17/2014	Oliva's Market	83 East Main St., Milford, MA	Bake Sale Goods	550
02/24/2014	Signs Plus	89 South Main St., Milford, MA	Advertisement - Political Signs	542.41
03/12/2014	Signs Plus	89 South Main St., Milford, MA	Advertisement - Political Signs	542.41
03/19/2014	Signs Plus	89 South Main St., Milford, MA	Advertisement - Political Signs	255.25
03/24/2014	Town Crier	48 Mechanic St., Upton, MA	Advertisement - Newspaper Ad	735
03/14/2014	WMRC Radio	258 Main St., Milford, MA	Advertisement - Radio Ad	129.6
03/24/2014	WMRC Radio	258 Main St., Milford, MA	Advertisement - Radio Ad	518.4
Line 12: Total Expenditures over \$50 (or listed above)				3,273.07
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				3,273.07

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	3,273.07
Line 13: Expenditures \$50 and under* (not listed above)	0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD	3,273.07

* 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
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				361
Line 17: TOTAL IN-KIND CONTRIBUTIONS				361

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
02/24/2014	Erickson, John	10 Rosenfeld Ave Milford, MA 01757	Loan To Committee	300
02/28/2014	Erickson, John	10 Rosenfeld Ave Milford, MA 01757	Loan To Committee	800
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	1,100