



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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2015 MAR 30 PM 2:59

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Dec 1, 2014 Ending Date: Mar 30, 2015

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

William E Kingkade Jr
Candidate Full Name (if applicable)
Selectman of Milford
Office Sought and District
50 Woodridge Rd, Milford, Ma 01757
Residential Address
Telephone Number (optional): (508) 473-0020

Kingkade Committee
Committee Name
Holly Kingkade
Name of Committee Treasurer
50 Woodridge Rd, Milford, Ma 01757
Committee Mailing Address
Telephone Number (optional): (508) 328-0006

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	12,391
Line 3: Subtotal (line 1 plus line 2)	12,391
Line 4: Total expenditures this period (page 5, line 14)	8,625.78
Line 5: Ending Balance (line 3 minus line 4)	3,765.22
Line 6: Total in-kind contributions this period (page 6)	3,010
Line 7: Total (all) outstanding liabilities (page 7)	1,600
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: Holly Kingkade (Treasurer's signature) Date: 3/30/2015

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: William E Kingkade Jr (Candidate's signature) Date: 3/30/2015

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)
Feb 28, 2015	Loriann Baranauskas 10 Jencks Rd Milford, MA 01757	100	
Feb 28, 2015	Edward Bertorelli 15 East Walnut St Milford, Ma 01757	250	Retired Commonwealth of MA
Jan 9, 2015	Susan Braza 4 Acorn Circle Milford, Ma 01757	200	Nurse Milford Hospital
Jan 9, 2015	Randal Cabral 49 Bradford Ln. Rochester, MA 02770	100	
Feb 28, 2015	Elaine Ciaramicoli	100	
Feb 28, 2015	Salvatore Cimino	100	
Feb 28, 2015	David Consigli	100	
Feb 28, 2015	Alberto Correla 3 Leah Lane Milford, MA 01757	67	
Feb 28, 2015	James D'Arcangelo	60	
Feb 28, 2015	Raymond Dairon	200	
Feb 28, 2015	John Erickson	100	
Feb 28, 2015	Lynn Fontanella 57 Lakeshore Dr Holliston, Ma 01746	500	Office Manager Imperial Cars
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)
Feb 28, 2015	David Fraser	100	
Feb 28, 2015	Krystal Jean Fuer 4 Park St Mendon, MA 01756	500	Letter Sent
Jan 9, 2015	Ross Garvey 58 Mowry St Mendon, Ma 01756	75	
Jan 9, 2015	Riad Geara 48 Mendon St Hopedale, Ma 01747	500	Owner BP Service
Jan 9, 2015	Shannon Grogan 57 Shawnut Ave Mansfield, Ma 02048	100	
Feb 28, 2015	Steven Gulino	100	
Feb 28, 2015	Scott Harrison 2 Karen Ln Milford, MA 01757	100	
Feb 28, 2015	Gerald Hennessey	100	
Feb 28, 2015	Linda Roda Heron 49 Water St Apt B Milford, MA 01757	100	
Feb 28, 2015	George Holland 55 Silver Hill Rd Milford, Ma	260	Lawyer Holland & Sullivan
Feb 28, 2015	Paul Johnson	100	
Feb 28, 2015	Connie Julian 26 1/2 Pearl St. Milford, MA 01757	200	Homemaker
Feb 28, 2015	Patrick Kennelly 52 Woodridge Rd Milford, Ma 01757	250	Rental Manager Hillview Rental

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

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)
Jan 9, 2015	Matt Keswick 76 Buckingham Rd Milton, MA 02186	100	
Feb 28, 2015	Kenneth Kingkade 181 Highland St Milford, Ma 01757	200	Police Officer Town of Milford
Jan 9, 2015	Jennifer Landry 51 Madden Ave Milford, MA 01757	100	
Jan 9, 2015	Scott Lanzetta 50 Harding St Milford, Ma 01757	500	Owner Lanzetta Excavating
Feb 28, 2015	Julie Lioce 97 Highland St Milford, Ma 01757	500	Realtor Lioce Properties
Jan 9, 2015	Carla Lynch	75	
Jan 9, 2015	Peter Macchi 1 Wades Way Dennis, Ma 02638	100	
Feb 28, 2015	Marble Mainini 18 Short St Milford, MA 01757	100	
Feb 28, 2015	Jason Meehan 60 Causeway St Millis, MA 02056	500	Letter Sent
Feb 28, 2015	Kevin Meehan 8 Uxbridge Rd Mendon, Ma 01756	500	Owner Imperial Cars
Feb 28, 2015	Maria Peniche Morias	60	
Feb 28, 2015	Chris Morin 51 Woodridge Rd Milford, Ma 01757	200	Manager Morin's Studio
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)
Feb 28, 2015	Kevin Neves	100	
Jan 9, 2015	Bento Pinto 6 Front St Milford, Ma 01757	500	Owner Pinto's Plumbing
Feb 28, 2015	David Pyne 15 Whispering Pine Dr Milford, MA 01757	100	
Jan 9, 2015	Domingos Roda 404 Central St Milford, Ma 01757	100	
Jan 9, 2015	Edward Ross 89 Prospect St Milford, Ma 01757	200	Manager Grandma's Attic
Feb 28, 2015	Carmine Simonelli	100	
Jan 9, 2015	Mark Smith 16 Mowry St Mendon, Ma 01756	500	Owner Restaurant 45
Jan 9, 2015	Irene Soares 12 Yacht Ave West Yarmouth, Ma 02673	100	
Feb 28, 2015	Michael Timm 38 Field Pond Rd Milford, Ma 01757	100	
Jan 9, 2015	Jose Vieira 1 Hamel Circle Milford, Ma 01757	300	Retired Town of Milford
Jan 9, 2015	Karen Villani	100	
Feb 28, 2015	Mark Wassarman	100	
Line 9: Total Receipts over \$50 (or listed above)		9,597	
Line 10: Total Receipts \$50 and under* (not listed above)		2,794	
Line 11: TOTAL RECEIPTS IN THE PERIOD		12,391	← 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
Feb 21, 2015	AC Moore	225 Hartford Avenue, Bellingham, MA 02019	Arts + Crafts for Bake Sale	61.27
Dec 5, 2014	Big Daddy Signs	24 Lexington Dr Suite 1 Laconia, NH 03246	Signs	673.93
Mar 14, 2015	Committee to Elect John Erickson		Donation	100
Mar 14, 2015	Committee to Elect Scott Harrison		Donation	100
Mar 26, 2015	Docucopies		Push Pieces	160.51
Mar 25, 2015	Ghostwriter Web Services	PO Box 581 Milford, MA 01757	Voter Database	300
Mar 7, 2015	Milford Boosters Club	31 West Fountain St Milford, Ma 01757	Donation	100
Mar 27, 2015	Milford Catholic Elementary School Parents Guild	11 E Main St, Milford, MA 01757	Donation for Comedy Night	250
Mar 17, 2015	Milford Performing Arts Center	150 Main St, Milford, MA 01757	Donation	175
Feb 21, 2015	Milford Police Department	250 Main St Milford, Ma 01757	Police Detail	211.95
Feb 14, 2015	Natalia Marques	113 Central St Milford, MA 01757	Food for Committee Meetings	200
Mar 5, 2015	Nelly's Sandwich Shop	113 Central St Milford, MA 01757	Catering for Parties	526.5
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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Mar 21, 2015	Milford Parents for Music		Donation	100
Mar 26, 2015	Piazza Catering	8 Calvin Dr Milford, MA 01757	Pizza Party	1,300
Feb 28, 2015	Portuguese Club	119 Prospect Heights, Milford, MA 01757	Campaign Meeting	96
Mar 26, 2015	PsPrint	105 U.S. Highway 46 Mountain Lakes, NJ 07046	Postcard #1	192.08
Mar 26, 2015	PsPrint	105 U.S. Highway 46 Mountain Lakes, NJ 07046	Bumper Stickers	62.88
Mar 26, 2015	PsPrint	105 U.S. Highway 46 Mountain Lakes, NJ 07046	Postcard #2	60.66
Mar 21, 2015	Spartan Soccer Club		Donation	100
Jan 9, 2015	Town Crier Publication	48 Mechanic St Upton, MA 01568	Advertisement	980
Jan 9, 2015	US Postal Service	2 Congress St Milford, Ma 01757	Postage	147
Feb 14, 2015	US Postal Service	2 Congress St Milford, Ma 01757	Postage	136
Mar 27, 2015	US Postal Service	2 Congress St Milford, Ma 01757	Postage	918
Mar 20, 2015	WMRC	258 Main Street PO Box 421 Milford, MA 01757	Radio Ads	744
Mar 26, 2015	WMRC	258 Main Street PO Box 421 Milford, MA 01757	Radio Ads	930
Line 12: Expenditures over \$50 (or listed above)				8,625.78
Line 13: 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
Feb 28, 2015	Louis Piazza	8 Calvin Dr Milford, MA 01757-3702	2 Porkettas	70
Feb 28, 2015	Natalia Marques	113 Central St Milford, MA 01757	10 Quarts of Tripe	100
Feb 28, 2015	Linda Cheschi	9 Hillview Ave Milford, MA 01757	50 Quarts of Sauce	400
Feb 28, 2015	Holly Kingkade	181 Highland St, Milford	50 Quart of Sause	400
Feb 28, 2015	Bette Cimino		5 Quarts of Sauce + Pizzas	160
Feb 28, 2015	Nicky Olivia	83 1/2 E Main Street Milford, MA 01757	20 Loaves of Bread	140
Feb 28, 2015	Kenneth Kingkade	181 Highland St, Milford	6 Chicken Pot Ples	90
			Line 15: In-Kind Contributions over \$50 (or listed above)	1,360
			Line 16: In-Kind Contributions \$50 & under (not listed above)	1,650
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	3,010

* 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
Dec 4, 2014	William E Kingkade	50 Woodridge Rd Milford, Ma 01757	Loan to Committee	1,600
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	1,600



**Form CPF M101 : STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM
Office of Campaign and Political Finance**

**RECEIVED
TOWN CLERK'S OFFICE
2015 JAN 14 PM 3:10**

File with:
City or Town Clerk or Election Commission

MILFORD, MASS.

Please print or type all information, except signatures

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:

1. Committee Name: The Kingcade Committee
(The name of the committee must include the candidate's last name)

2. Committee Address: 50 Woodridge Road, Milford, MA 01757

2a. Mailing Address: 50 Woodridge Road, Milford, MA 01757

3. Purpose: Election to Office

4. Officers:	Name	Residential Address	Zip	Tel No.
Chairman:	<u>Jose Costa</u>	<u>7 Virginia Drive</u>	<u>01757</u>	<u>478-4863</u>
Treasurer:	<u>Holly Kingcade</u>	<u>181 Highland Street</u>	<u>01757</u>	<u>478-8216</u>
Other officer:	<u>Jennifer Walsh (Co Chair)</u>	<u>16 Amie J Circle</u>	<u>01757</u>	<u>381-1050</u>
Other officer:	<u>Christopher Morin</u>	<u>51 Woodridge Road</u>	<u>01757</u>	<u>381-7607</u>

Attach additional page, if necessary, with other officers and finance committee, if any

5. Candidate: William Kingcade 50 Woodridge Road 01757 473-0020

6. Office Sought:	Name	Address	Zip	Tel No.
	<u>Selectman</u>	<u>N/A</u>		<u>N/A</u>
	<small>Title</small>	<small>District</small>	<small>Party affiliation, if applicable</small>	

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 Kingcade 1/6/2015
Candidate's signature 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:

Holly Kingcade 1/6/2015
Treasurer's signature Date

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Jon Kingcade 1/6/2015
Chairman's signature Date