



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

Please print or type all information, except signatures.

MILFORD, MASS

Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	3	31	12		5	2	12

Type of report: (Check one)

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

MICHAEL K WALSH
Full Name of Candidate (if applicable)

MILFORD SCHOOL COMMITTEE
Office Sought and District

10 PRAIRIE STREET
Residential Address

MILFORD, MA 01757
Tel. No. (optional) 508-478-4242

COMMITTEE TO ELECT MIKE WALSH
MILFORD SCHOOL COMMITTEE
Committee Name

NANCY WALSH
Name of Committee Treasurer

10 PRAIRIE STREET
Committee Mailing Address

MILFORD, MA 01757
Tel. No. (optional) 508-478-4242

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 105.68
Line 2: Total receipts this period (page 2, line 11)	\$ 1002.75
Line 3: Subtotal (line 1 plus line 2)	\$ 105.68 1108.43
Line 4: Total expenditures this period (page 3, line 14)	\$ 1002.75
Line 5: Ending balance (line 3 minus line 4)	\$ 105.68
Line 6: Total in-kind contributions this period (page 4)	\$
Line 7: Total (all) outstanding liabilities (page 4)	\$
Line 8: Name of bank(s) used	<u>MILFORD NATIONAL BANK & TRUST</u>

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.

Nancy Walsh Signed under the penalties of perjury: 8-23-12
Treasurer's signature (in ink) 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.

M.K. Walsh Signed under the penalties of perjury: 8-23-2012
Candidate signature (in ink) 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)
3/29	LOAN FROM PERSONAL ACCT.	582	75	
	LOAN FROM PERSONAL ACCT	420	00	
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		1002	75	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.
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