



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**

*(For Office Use Only)*  
**RECEIVED**  
TOWN CLERK'S OFFICE  
2017 MAR -3 PM 4:05  
(617) 979-8300 / (800) 462-OCPF  
ocpf@cpf.state.ma.us  
www.mass.gov/ocpf  
**MILFORD MASS**

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:

<b>CANDIDATE:</b>	Full Name:	<u>MICHAEL K. WALSH</u>		
	Residential Address:	<u>10 PRAIRIE STREET</u>		
	City / State / Zip:	<u>MILFORD MASS. 01757</u>		
	Email Address:	<u>MKWS581@MSN.COM</u>	Phone #:	<u>508-304-2921</u>
	Party Affiliation:	<u>REPUBLICAN</u> (If applicable)		
<b>OFFICE SOUGHT/PURPOSE:</b>				
	Title:	<u>SELECTMAN</u>		
	District:	<u>MILFORD, MASS.</u>		

<b>COMMITTEE:</b>	Name of Committee:	<u>COMMITTEE TO ELECT MIKE WALSH SELECTMAN</u> <small>(The name of the committee must include the candidate's last name)</small>		
	Committee Mailing Address:	<u>10 PRAIRIE STREET</u>		
	City / State / Zip:	<u>MILFORD</u>	<u>MA.</u>	<u>01757</u> Phone #: <u>508-304-2921</u>

<b>OFFICERS:</b>	<b>Chairman:</b>	<u>Joseph Morari</u>	<b>Treasurer*:</b>	<u>Amy Tamagni</u>
	Residential Address:	<u>21 Roland Way</u>	Residential Address:	<u>2 SANCLEMENTE CIRCLE</u>
	City / State / Zip:	<u>MILFORD MA 01757</u>	City / State / Zip:	<u>MILFORD MA 01757</u>
	Email:	<u>joemorari@gchoc.com</u> Phone #: <u>617-529-2042</u>	Email:	<u>atamagni@ventzon.net</u> Phone #: <u>5084730033</u>
	<small>* A public employee may not serve as treasurer of any political committee (see reverse).</small>			
(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: M.K. Walsh Date: 3-3-17  
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: Amy Tamagni Date: 3.3.17  
Treasurer's signature

I hereby accept the office of Chairman of the above-named committee.  
SIGNED UNDER THE PENALTIES OF PERJURY: Jo Morari Date: 3/3/17  
Chairman's signature



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2017 MAR 27 AM 9:44

File with: City or Town Clerk or Election Commission  
MILFORD, MASS.

Fill in Reporting Period dates: Beginning Date: Jan 1, 2017 Ending Date: MAR 25, 2017

Type of Report: (Check one)

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

Michael Walsh  
Candidate Full Name (if applicable)  
Selectmen MILFORD MA  
Office Sought and District  
10 PRAIRIE ST MILFORD MA 01757  
Residential Address  
E-mail: MKWAL581@MSN.COM  
Phone # (optional): 508 304 2921

Committee to elect Mike Walsh  
Committee Name  
Amy Tamagnini  
Name of Committee Treasurer  
2 SANCLEMENTE CIRCLE MILFORD MA  
Committee Mailing Address  
E-mail: atamagnini@verizon.net  
Phone # (optional): 508 413 0033

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 1f)	7600.00
Line 3: Subtotal (line 1 plus line 2)	7600.00
Line 4: Total expenditures this period (page 5, line 14)	7556.80
Line 5: Ending Balance (line 3 minus line 4)	43.20
Line 6: Total in-kind contributions this period (page 6)	825.00
Line 7: Total (all) outstanding liabilities (page 7)	5925.00
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:

Amy Tamagnini

(Treasurer's signature)

Date: 3.25.17

#### 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:

Mike Walsh

(Candidate's signature)

Date: 3.25.17

## 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)
3/4/17	MARIE PARENTE 13 REAGAN RD MILFORD MA 01757	100	
3/4/17	RUDY LIOCE 63 HIGHLAND STREET MILFORD MA 01757	100	
3/4/17	MICHAEL DIORIO 11 CALVIN DRIVE MILFORD MA 01757	100	
3/4/17	LORI BAKANASKAS 10 JENCKS ROAD MILFORD, MA 01757	100	
3/4/17	CHRIS MORIN 51 WOODRIDGE ROAD MILFORD MA 01757	100	
3/4/17	JUDY + JOHN PAGNESE 25 HAMILTON AVENUE MILFORD MA 01757	100	
3/4/17	SALVATORE TINIO Adin way Hopedale MA 01747	200	
3/4/17	DICK RIZOLI ARI'S WAY MILFORD MA 01757	500	BUSINESS OWNER
3/4/17	DINO DeBARTOLOMEIS MILFORD MA 01757	200	
3/25/17	KEVIN MEEHAN 60 UXBIDGE ROAD Mendon MA 01754	1000	BUSINESS OWNER
3/25/17	RONALD PAGRINI 200 MAIN STREET MILFORD MA 01757	200	
3/25/17	MARK RIZOLI 95 ADIN STREET Hopedale MA 01747	100	
Line 9: Total Receipts over \$50 (or listed above)		2800	+ 1175 = \$ 3975 (from page 3)
Line 10: Total Receipts \$50 and under* (not listed above)		3625	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>7600</b>	← 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)
3/4/17	JOHN DYNE 10 DEWEY CIRCLE MILFORD MA 01757	200	
3/4/17	RAY PAGUCCI WOODRIDGE ROAD MILFORD MA 01757	100	
3/25/17	PAUL BRAZA ACORN AVE MILFORD MA 01757	100	
3/25/17	ARTHUR MORAN 80 RODCLIFFE DRIVE MILFORD MA 01757	100	
3/25/17	JOHN FERNANDES PURCHASE STREET MILFORD MA 01757	200	
3/25/17	FELIX PEZZI 71 HIGHLAND STREET MILFORD MA 01757	100	
3/25/17	FRANCIS SMALL PURCHASE STREET MILFORD MA 01757	100	
3/25/17	JOHN ERIKSON 10 ROSENFELD AVE MILFORD MA 01757	100	
3/5/17	WILLIAM KINGKADE 50 WOODRIDGE RD MILFORD MA 01757	100	
3/25/17	CHRIS BURNS 17 ROLAND WAY MILFORD MA 01757	75	

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

1175

ADDED TO PAGE 2

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

—

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

1175

← 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
3/9/17	SIGNS PLUS	89 SOUTH MAIN ST MILFORD MA 01757	CAMPAIGN SIGNS	1539.04
3/17/17	TOWN CRIER PUBLICATIONS INC	48 MECHANIC ST UPTON MA 01568	Advertisement	2485.00
3/23/17	MY FM MEDIA	258 MAIN ST MILFORD MA 01757	Advertisement	259.20
	STARBURST PRINTING+GRAPHICS INC.	300 HOPPING BROOK RD HOLLISTON MA 01746	Advertisement	1344.00
	MP DESIGN	346 BELKNAP RD FRAMINGHAM MA 01701	Advertisement	195.00
2/27/17	MORINS STUDIO	14 PINE STREET MILFORD MA 01757	PHOTOS	63.75
3/4/17	RAY+DICKS BAKE SHOPPE	20 EXCHANGE ST MILFORD MA 01757	PASTRY+COOKIES	118.00
2/27/17	MENDON GREENHOUSE + FLORAL	9 HASTINGS ST MENDON MA 01756	FLOWERS	318.75
3/25/17	PORTUGUESE CLUB	119 PROSPECT HEIGHTS MILFORD MA 01757	Hall RENTAL	300.00
3/4/17	GLIVA'S MARKET	85 MAIN STREET MILFORD MA 01757	FOOD	800.00
Line 12: Total Expenditures over \$50 (or listed above)				7422.80
Line 13: Total Expenditures \$50 and under* (not listed above)				134.00
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				7556.80

\* 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
3/25	Jessica Walsh	150 Laurelwood Dr Hopedale, MA 01747	SPA BASKET	\$ 270
3/25	Lucy Jenkins	100 Beaver Street MILFORD MA 01757	BASKET	100
3/25	Courtney Walsh	5 SOUTH CENTRAL MILFORD MA 01757	BASKETS	80
3/25	Rosemary Bellacosa	MEDWAY ROAD MILFORD MA 01757	BASKET	200
3/25	Allison Morris	21 Roland Way MILFORD MA 01757	BASKET	100
Line 15: In-Kind Contributions over \$50 (or listed above)				\$ 750
Line 16: In-Kind Contributions \$50 & under (not listed above)				175
Line 17: TOTAL IN-KIND CONTRIBUTIONS				925

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
2/15- 3/24/17	MIKE WALSH	10 PRADIRIE STREET MILFORD MA 01757	Loan to Committee	\$ 5925. <sup>00</sup>

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 5925.<sup>00</sup>