

Form CPF M 102: Campaign Finance Report

Municipal Form

2021 APR 28 PM 2: 19

Office of Campaign and Political Finance

Eur D	File with: City of Town Clerk or Election Commissio
Fill in Reporting Period dates: Beginning Date: 03.	3/20/2021 Ending Date: 04/26/2021
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	
Matthew Zacchilli	Committee to Elect Matthew Zacchilli
Candidate Full Name (if applicable) School Committee	Committee Nume Victoria Zacchilli
Office Sought and District	Name of Committee Treasurer
8 Packard Road, Millord MA 01757	8 Packard Road, Milford MA 01757
Residential Address E-mail: mzformillordsc@gmall.com	Committee Mailing Address
Phone # (optional):	E-mail: mztormillordsc@gmail.com
з поло и (орабии).	Phone # (optional).
SUMMARY BALAN	ICE INFORMATION:
Line 1: Ending Balance from previous report	445.08
Line 2: Total receipts this period (page 3, line 1)	
Line 3: Subtotal (line 1 plus line 2)	495.08
Line 4: Total expenditures this period (page 5, li	line 14) 484.26
Line 5: Ending Balance (line 3 minus line 4)	10.82
Line 6: Total in-kind contributions this period (p	(page 6)
Line 7: Total (all) outstanding liabilities (page 7	7) 50.00
Line 8: Name of bank(s) used: Rockland Trus	ist
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kine finance activity of all persons acting under the authority or on behalf of this committee is Signed under the penalties of perjury:	in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 428/2024
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 i	box only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	the best of my knowledge and belief, a true and complete statement of all campaign finance as accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ting period that are not otherwise disclosed in this report.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the contributions.	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the this candidate in accordance with the requirements of M.G.L., c. 55.
Signed under the penaltics of perjury:	(Candidate's signature) Date: 4/2/21

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)	
	, , ,	1	(100 Commissions of Garden of Middle)	
ine 9: Total Receir	ots over \$50 (or listed above)	0		
	pts \$50 and under* (not listed above)	50.00		
		50.00		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD	30.00	← 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)

Name and Residential Address Date Received (alphabetical listing required) Amount		Amount	Occupation & Employer (for contributions of \$200 or more)	
			Sparie 40	
Line 9: Total Recei	pts over \$50 (or listed above)			
Line 10: Total Recei	ipts \$50 and under* (not listed above)			
Line 11: TOTAL R	ECEIPTS 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 shoul	d include only those receipts not itemized above.	

^{*} 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

eport all expenditures. Please include your committee name and a page number on each page.) To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/22/2021	Staples, Inc.	220 fortune Blvd. Milford, MA	Postcard Mailers	93.49
3/23/2021	USPS	2 Congress St., Ste 1 Milford, MA	Postage	180.00
3/25/2021	USPS	2 Congress St., Ste 1 Milford, MA	Postage	72.00
		Line 12: Total Expenditures ov	er \$50 (or listed above)	345.49
Line 13: Total Expenditures \$50 and under* (not listed above)			138.77	
	• -	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	484.26

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
1					
				d	
1					
1 1					
]	
1					
1					
1					
	Line 12: Expenditures over \$50 (or listed above)				
	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					

^{*} 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)	• 0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

^{*} 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.

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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
3/1/2021	Matthew Zacchilli	8 Packard Road Milford, MA	Reimbursement	50.00
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	50.00