



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/21 Ending Date: 3/19/21

Type of Report: (Check one)

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

Paul A. Mazzuchelli
Candidate Full Name (if applicable)
Milford Select Board
Office Sought and District
22 Woodridge Rd. Milford, 01757
Residential Address
E-mail: PAMAZZ@COMCAST.NET
Phone # (optional): 774-573-4536

2021 MAR 31 PM 1:02
MILFORD TOWN CLERK
Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail:
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report 0
Line 2: Total receipts this period (page 3, line 11) 0
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14) \$1,166.78
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6) 0
Line 7: Total (all) outstanding liabilities (page 7) 0
Line 8: Name of bank(s) used:

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: _____ (Treasurer's signature) Date: _____

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 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 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Paul A. Mazzuchelli (Candidate's signature) Date: 03/31/2021

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.)

[illegible]

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)[illegible]

* 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.)

[illegible]

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

Text Field

Vendor

Town Crier Publications, Inc.

48 Mechanic Street
Upton, MA 01568

(508) 529-7791

Invoice #:

00028984

Invoice Date:

2/6/21

Due Date:

2/6/21

Bill to:

Mazzurelli: Paul Mazzurelli

Publishers of The Upton/Mendon Town Crier and The Milford Town Crier

Salesperson: Mrs. Colette Rooney		Customer P.O. #:	Terms: C.O.D.		Discount	Page #: 1
Description	Job Number	Qty.	Units	Rate	Discount	Extended Price
Milford 1/4 page ad 2/12/21	M2B2020	1	ea	\$441.00		\$441.00
Milford Color	M2B2020	1	ea	\$70.00		\$70.00

Job number codes

U = Upton/Mendon paper, M= Milford paper, XX=Month

A=first week, B=second week, C=third week, D=fourth week, 2019, 2020 = year

Accept credit cards

1.5% per month interest will be charged on all past due invoices.
All fees and charges associated with collection of past due invoices are the responsibility of the customer and will be added to the amount owed.

Subtotal	\$511.00
Total	\$511.00
Applied	\$0.00

Balance Due \$511.00

SignsPlus Corporation, Inc. 100%

SignsPlus

89 South Main Street
 Milford, Massachusetts 01757
 Phone 508-478-5077 Fax 508-634-9825
 www.signs-plus.net

Invoice

Date	Invoice #
3/1/2021	55950

Bill To
Paul Mazzuchelli



FAIT
 MAR 01 2021
 BY: VISA

P.O. Number	Terms	Bill Date	Ordered By	Delivery Instructions	Job Due D...
	COD	3/1/2021	Paul	Email Paul	3/4/2021
Item	Description	Quantity	Rate	Amount	
Coroplast	18"x24" d/s w/ wire stands - political signs PAUL MAZZUCHELLI SELECT BOARD	50	12.25	612.50T	
				Subtotal	\$612.50
				Sales Tax (6.25%)	\$38.28
				Total	\$650.78
				Payments/Credits	\$0.00
				Balance Due	\$650.78

All sales are cash due upon delivery, unless otherwise noted on this invoice. Checks, Master Card, Visa Discover and American Express are accepted. THERE ARE NO CASH DISCOUNTS. Invoices not paid promptly are subject to an 18% interest charge per annum on the unpaid balance. The cost of collecting the unpaid balance will be at the expense of the customer. Product not picked up within one week of notification of completion will be invoiced and subject to conditions as if received.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* 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)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

* 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
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				