

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

of Massachusetts				
Fill in Reporting Period dates: Beginning Date: 3	20/21	Ending Date:	Clerk or Ele	ction Commiss
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	X 30 da	y after election vear-end renor		
, , , , , , , , , , , , , , , , , , ,	- 14 30 da	y after election year-end repor	t [] d	issolution
Scott Vecchiolla				
Candidate Full Name (if applicable)		Committee Name	63	50036 50036
Bd. of Library Trustee				
Office Sought and District 53 SChool St. Apt.		Name of Committee Treasure	r <u>25.</u>	
E-mail: Scott Vecchiolla S69 wgmail. COM		Committee Mailing Address	4-	
Phone # (optional): 774 606-5640	E-mail:		270	
	Phone # ((optional):	(D)	200
SUMMARY BALANC	CE INIEO	Data Tron	5	7 2
	L INFU	PRMATION:	**	
Line 1: Ending Balance from previous report		128.82		
Line 2: Total receipts this period (page 3, line 11)	Ì	0		
Line 3: Subtotal (line 1 plus line 2)		0		
Line 4: Total expenditures this period (page 5, line	0			
Line 5: Ending Balance (line 3 minus line 4)		128.82		
Line 6: Total in-kind contributions this period (pa	ge 6)	0		
Line 7: Total (all) outstanding liabilities (page 7)		0		
Line 8: Name of bank(s) used:				
ffidavit of Committee Treasurer:				Į.
certify that I have examined this report including attached schedules and it is, to the best of stivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contains activity of all persons acting under the authority or on behalf of this committee in a	of my knowle ontributions a accordance wi	dge and belief, a true and complete statement of nd liabilities for this reporting period and repres the the requirements of M.G.L. c. 55.	all campaigents the car	gn finance npaign
gned under the penalties of perjury:		(Treasurer's signature) Date:		
OR 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 hactivity, of all persons acting under the authority or on behalf of this committee in accommendation incurred any liabilities nor made any expenditures on my behalf during this reporting p	est of my kno ordance with to period that are	owledge and belief, a true and complete statementhe requirements of M.G.L. c. 55. I have not received the received and the received the received and the receiv	nt of all can eived any c	npaign finance contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this companies.	est of my kno	owledge and belief, a true and complete statemer	nt of all can nd represen	npaign ts the
ned under the penalties of perjury:		(Candidate's signature) Date:	5/4/	21

(Candidate's signature)

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
	(arphabetical listing required)	Amount	(for contributions of \$200 or more)
111			
III			
×			
		-	
111			
		l II	
Ш			
	111		
e 9: Total Receipts ov	ver \$50 (or listed above)		
	50 and under* (not listed above)		
e 11: TOTAL RECE	IPTS IN THE PERIOD	0	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)	
	-			
9: Total Receipts	over \$50 (or listed above)			
10: Total Receipts	s \$50 and under* (not listed above)			
11: TOTAL REC	CEIPTS 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 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	4.13	
Date Faiu	(alphabetical listing)	Address Purpose of Expenditur	e Amount
			Ш
			111
			_
		Line 12: Total Expenditures over \$50 (or listed above)	
		Line 13: Total Expenditures \$50 and under* (not listed above	,
	94	Ente 13. Total Experientities \$30 and finder* (not listed above) <u> </u>
	Enter on page 1 line $4 \rightarrow$	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.

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50 ((or listed above)	
		Line 13: Evnenditures 050 and	adout (not listed 1.1.	
		Line 13: Expenditures \$50 and ur	idel (Hot listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	\bigcirc

^{*} 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
				1
	11			
1		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 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
		Line 18: TOTAL OUTSTANDI		0