

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachu	HSSH.	File with City or Town Classor Ptention Commis
Fill in R	eporting Period dates: Beginning Date:	V9 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Type of	Report: (Check one)	
8th da	by preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year end report ☐ dissolution
Sc	ottalecepiola	Committee Name
5	chool committee	Name of Committee Treasurer
	Residential Address	Committee Mailing Address
Tologibenic N	iumber (aptional): [508] 377-2144	Telephone Number (optional):
	SUMMARY BALANC	E INFORMATION:
	Line 1: Ending Balance from previous report	Ø
	Line 2: Total receipts this period (page 2, line 11)	& A
	Line 3: Subtotal (line 1 plus line 2)	Q
	Line 4: Total expenditures this period (page 3, line	14) 449.20
	Line 5: Ending Balance (line 3 minus line 4)	449.20
	Line 6: Total in-kind contributions this period (pag	ge 4) &
Ail A	Line 7: Total (all) outstanding liabilities (page 4)	9
ne Wil	Line 8: Name of bank(s) used:	na
	emailitee Treasurer:	
ment to y a Microsco	and contributions, realis, receipts, expenditures, dishursements, in-kind co	of my knowledge and belief, a true and complete statement of all campaign finance, outributions and liabilities for this reporting period and represents the campaign
	y of all persons acting under the authority or on behalf of this committee in actine penalties of perjury:	(Treasurer's signature)  Output  Date:
	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	(110dsatet 2 signature)
Candidat	e-with Committee	
MANUTATON A	nat I have examined this report including attached schedules and it is, to the b fall persons acting under the authority or on behalf of this committee in acco my liabilities nor made any expenditures on my behalf during this reporting p	post of my knowledge and belief, a true and complete statement of all campaign finan- ordance with the requirements of M.G.L. c. 55. I have not received any contributions period.
Candidate	e without Committee	
THIRD CO CO	trivity, including conditions, loans, receipts, expenditures, dispursements in	pest of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
	a the persons acting under the authority of the benard of tarsit	committee in accordance with the requirements of M.G.L. c. 55.
gned under t	the penalties of perjury:	(Candidate's signature) Date: 3 604 6

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.

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(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)
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		27.5	
			The second purpose of
		THE PERSON NAMED IN COLUMN 1	
	s over \$50 (or listed above)		
e 10: Total Receip	ts \$50 and under* (not listed above)		
e 11: TOTAL RE	CEIPTS IN THE PERIOD	+	Enter on page 1, line 2

<sup>\*</sup> 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 these 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
3/8/14	Ridgewood Printing	5 Fayelle St Milford	Door tags	4140
3/19/14	Redgewood Printing	5 Fayette St Millard	Door tags	\$50
3/11/16	wmrc radio	258 Main St. milfora	commericals	259.20
		The second section of the section		
AND AND ADDRESS OF THE PARTY OF				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	449.20
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	449.20

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

Page 3

#### 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
			description of the second of t	
			Professional Control of Control o	
If an in-kind contrib	ution is received from a person who			
ontributes more than	\$50 in a calendar year, you must report of the contributor; in addition, if the	Line 15: In-Kind Contribution	ns over \$50 (or listed above)	
contribution is \$200 or more, you must also report the contributor's occupation and employer.		Line 16: In-Kind Contribution		
		Line 17: TOTAL IN-KIND	n	

#### 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
	And the second s			
		70.1		
		Printer and the second		
	Enter on page 1, line 7 → L	ine 18: TOTAL OUTSTANDIN	G LIABILITIES (ALL)	T OL

## Ridgewood Printing Co.

5 Fayette Street, Milford, MA 01757

508-478-5870 408-478-8675 fax S-19-16 Scott Vecchiolia

110/19
TEL
ADDRESS QTY
DESCRIPTION  S75 POLIFICAL MANDOUTS  AMT  (DOOR Knob Hungers)
(Door to handout 5 AMT
(Door Knob Hungers)
Paul in Fu// Dec 3-19-16
1000 74/
NEC
3-19-16
AMT. 50
TAX
TOTAL 50-

### Ridgewood Printing Co.

5 Fayette Street, Milford, MA 01757 508-478-5870 408-478-8675 fax

3-8-/6 DATE

Scott Rechiolia

CUSTOMER

TEL

**ADDRESS** 

SED'S	DESCRIPTION	VANT
/con	Political Dour Knop Hangers	
	Hanger-	
	Doied in full	
	1) Clear in	1
	1000	
	V	
	7,0/6	
	3-8-10	

AMT. 140.	
TAX	
TOTAL	

1490 · AM  A First Class Radio Station  258 Main Street P.O. Box 421 Milford, MA 01757  COMMITTEE TO SUGGE  SCOTT VECUSIOUS  SCHOOL COMMITTEE		Salesperson _	131/16		
PHONE:					*
CONTACT:	SCHED	ULE		90	
DAYS .	TIME	LENGTH	ANNOUI per day	VCEMENTS per week	RATE
THU. 3/31 PPLI 4-1 MON & THES 4/4 \$4/5	6-9sm	30	3	1	\$21.60
e ***		=		·	
17 20		٠		e.	đi
	90	æ	TOTAL BRO	ADCASTS	×
TERMS:  Net payment is due 16 days from the invoice date. A finance charge of be charged on the unpaid balance of past due accounts. Collection fee to offset costs in addition to legal/court fees. Returned checks are \$36.0 Mastercard and Visa credit cards.  The parties to this agreement affirm that nothing in this agreement, or any of the actions, benefits and obligations relating to it, discriminate in any way on the basis of race or ethnicity.	of SAR Of charged	(F	PAID CASH	WEEKLY	\$ \$759.20
INFORMATION:					
ig.	50				20
Submitted by Raul Willey Station Representative	Ageni	t Client Approval)	Scott	Mecek	liollo
Approved & Accepted by	Agend	ру			

First Class Radio Corp