



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
MAR 22 PM  
COUNCIL  
OFFICE OF CAMPAIGN AND POLITICAL FINANCE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/16 Ending Date: 3/23/16

Type of Report: (Check one)

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

Candidate Full Name (if applicable): Scott Vecchiola

Office Sought and District: School committee

Residential Address: \_\_\_\_\_

Telephone Number (optional): (508) 377-2144

Committee Name: \_\_\_\_\_

Name of Committee Treasurer: \_\_\_\_\_

Committee Mailing Address: \_\_\_\_\_

Telephone Number (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 2, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 3, line 14)	<u>449.20</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>449.20</u>
Line 6: Total in-kind contributions this period (page 4)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	<u>0</u>
Line 8: Name of bank(s) used:	<u>n/a</u>

#### 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.

##### 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Scott Vecchiola (Candidate's signature) Date: 3/22/16

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)

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 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
3/8/16	Ridgewood Printing	5 Fayette St Milford	Door tags	\$140
3/19/16	Ridgewood Printing	5 Fayette St Milford	Door tags	\$50
3/11/16	WMVC radio	258 Main St Milford	Commericals	259.20
Line 12: Total Expenditures over \$50 (or listed above)				449.20
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				449.20

\* 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
* 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.				
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				Ⓟ

## 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)				Ⓟ

**Ridgewood Printing Co.**  
5 Fayette Street, Milford, MA 01757  
508-478-5870 408-478-8675 fax

3-19-16  
DATE

CUSTOMER Scott Vecchiolla

TEL

ADDRESS

QTY	DESCRIPTION	AMT
375	Political Handouts (Door Knob Hangers)	

paid in full  
NPE  
3-19-16

AMT. 50-  
TAX \_\_\_\_\_  
TOTAL 50-

**Ridgewood Printing Co.**  
5 Fayette Street, Milford, MA 01757  
508-478-5870 408-478-8675 fax

3-8-16  
DATE

Scott Lecchiolli  
CUSTOMER

TEL \_\_\_\_\_ ADDRESS \_\_\_\_\_

QTY	DESCRIPTION	AMT.
1000	Political Door Knob Hangers	

paid in full  
D & C  
3-8-16

AMT. \$140.-  
TAX \_\_\_\_\_  
TOTAL \_\_\_\_\_



**1490 • AM**  
**A First Class Radio Station**  
 258 Main Street  
 P.O. Box 421  
 Milford, MA 01757

Date 3/11/16

Start 3/31/16 End 4/5/16

Advertiser \_\_\_\_\_

Product \_\_\_\_\_

Co-op \_\_\_\_\_

Program POLITICAL

Salesperson \_\_\_\_\_ Rate Code \_\_\_\_\_

Cart # \_\_\_\_\_ Sponsor # \_\_\_\_\_

COMMITTEE TO SELECT  
 SCOTT VECCIAIOVA  
 SCHOOL COMMITTEE

PHONE:  
 CONTACT:

**SCHEDULE**

DAYS	TIME	LENGTH	ANNOUNCEMENTS		RATE
			per day	per week	
THU. 3/31 FRI 4-1 MON & TUES 4/4 & 4/5	6-9 AM	30	3	1	\$21.60
			TOTAL BROADCASTS		
			12		

**TERMS:**

Net payment is due 15 days from the invoice date. A finance charge of 2% per month will be charged on the unpaid balance of past due accounts. Collection fee of \$40.00 charged to offset costs in addition to legal/court fees. Returned checks are \$35.00 each. We accept 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.

WEEKLY \$  
 TOTAL COST \$ \$259.20

**PAID CASH**

**INFORMATION:**

Submitted by Paul Milers Station Representative Agent Client Approval Scott Vecchiola Advertiser

Approved & Accepted by \_\_\_\_\_ Agency \_\_\_\_\_  
 First Class Radio Corp