

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of iviassachusetts	File with: City or Town Clerk or Election Commission
	2023 Ending Date: 10/30/2023
Type of Report (Checksotte)SS.	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Joseph John Vecchione IV	N/A
Candidate Full Name (if applicable)	Committee Name
Charter Commission	N/A
Office Sought and District	Name of Committee Treasurer
31 Wamesit Avenue, Saugus, MA 01906	N/A
Residential Address	Committee Mailing Address
E-mail: joevprecinct2@gmail.com	E-mail: N/A
Phone # (optional): 781-520-9859	Phone # (optional): N/A
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11) 117.76
Line 3: Subtotal (line 1 plus line 2)	117.76
Line 4: Total expenditures this period (page 5, lin	ne 14) 117.76
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pa	age 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: N/A	
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind	
finance activity of all persons acting under the authority or on behalf of this committee in	
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to th 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	e best of my knowledge and belief, a true and complete statement of all campaign finance ccordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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 th finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penaltics of perjury:	(Candidate's signature) Date: 10/30/2023

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)
10/8/2023	Joseph Vecchione 31 Wamesit Avenue Saugus, MA 01906	117.76	
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,			NECEIVED NECEIVED OWN OF SAUGUS, MASS.
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			,
Line 9: Total Reco	eipts over \$50 (or listed above)		
Line 10: Total Rec	reipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	117.76	Enter on page 1, line 2 d include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	E antophy E	Occupation & Employer (for contributions of \$200 or more)
-	2023	CT 30 P	05
	TOWN TOWN	CLERK'S OFF OF SAUGUS, MA	ICE SS.
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	, e-		
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		. ,
Line 11: TOTAL I	RECEIPTS 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 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.)

	To Whom Paid		,	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
10/8/2023	Signs.com	1550 South Gladiola Street Salt Lake City, UT 84104	5 pcs - 18x24 Signs	117.76
			2023 TOW TOW	1000
			OCT 30 N CLERK	
		Line 12: Total Expenditures of		
		Eme 13. Total Expenditutes \$.	or and under flor nord above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	117.7

^{*} 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 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	,		. '
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		T : 10. E 11.	0 (1 1 1 1 1)	
		Line 12: Expenditures over \$50	J (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	*			
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	0

^{*} 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
-	-	-	-	0
	*			
÷ .	Ege			
. ,				
		·		
		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.

Page 6

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
-	-	-	-	0
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			TOWNOT TOWN COL	REC
			TOWN OF SAUGUS, MASS.	EVE
			4: 05 OFFICE MASS.	0
		y .		
	`			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0







▲ You have 1 Project Notification Message ∨

My Account

Orders & Design Requests

± <u>Create a</u> new design

∢ Back to Orders

Order # 11690600 > Item # 18340593

Item 1 of 1 >



RECEIVED

1023 OCT 30 P 4: 05

TOWN CLERK'S OFFICE

MASS.

24" x 18" Yard Sign

Untitled Project

Width: 24

Height: 18

Quantity: 5

Shape: Square / Rectangle

Printed Sides: Double Sided

Grommets: None

Wire Stakes: Standard

Accessories: None

Turnaround: 1 Business Day

Item Subtotal: \$117.76

Shipment 1 of 1

5 Day Transit | Track

Joe Vecchione

31 WAMESIT AVE SAUGUS, MA 01906 Phone: (781) 520-9859

Order placed on Sunday, October 8, 2023 at 11:44 AM





Artwork Approved



Item Printed

Reorder This Item



Shipped

Delivered on: 10/20/2023

Track Shipment

UPS Tracking #: **1ZAC62890327538530**

Your trusted, custom signage provider.











VISA Masterian CDERPVEROFFICHEX TOWN OF SAUGUS, MASS.

Company	Resources	Support	Shop
About News Policies	FAQ Design Services Sample Pack	Contact Us How Tos Careers	Branded Signage Portals Templates
Our Advantage Customer Reviews	Printable Coronavirus Signage	Galectis	Price Calculator
Editorial Team Accessibility Statement	Site Map		
CA Transparency Act			

Community

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Do Not Share or Sell My Information

*Next Day Production excludes large orders, yard signs, business cards, post cards, door hangers, rack cards, bumper stickers, brochures, table tents, flyers, metal photo prints, wood prints, neck gaiters, and orders placed on weekends and the day before observed holidays (upcoming holidays: 1/2/23, 5/29/23, 7/4/23, 9/4/23, 11/23/23, 12/25/23)

*Free ground shipping to contiguous United States. Excludes rigid materials over 36" and orders that require freight shipping.

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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI Massachuselts	Pilo with City on Town Clade - Tile it
Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission Ending Date: 10/30/23
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Jeanette Meredyth.	
Candidate Full Name (if applicable)	Committee Name
Office Sought and District	- N CO W
15 Dale St. Saucus M	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: JMartika Querizon, net	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALAN	CF INFORMATION.
· ·	CE IN OKWATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11	1) 707.28
Line 3: Subtotal (line 1 plus line 2)	707.28
Line 4: Total expenditures this period (page 5, lin	ne 14) 707. 28
Line 5: Ending Balance (line 3 minus line 4)	0.
Line 6: Total in-kind contributions this period (page 1)	page 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: North	Shore Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	st of my knowledge and belief, a true and complete statement of all campaign finance I contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	(Trousday 3 alguature)
Candidate with Committee and no activity independent of the 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 actincurred 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 occordance with the requirements of M.G.L. c. 55. Thate not received any contributions, g period.
Candidate without Committee OR Candidate with independent activity filing so certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of the	eparate report e best of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of periury:	10110116 10 mm Date: 10/20/25

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.)

port all receipts. P	lease include your committee hame and a pa	ge number on an	Occupation & Employer
6	Name and Residential Address		(for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(10) COULT IDULIOUS OF \$400 OF MAN 29
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	the second of Conditional above	707.8	\mathfrak{D}
Line 9: Total Re	ceipts over \$50 (or listed above)	10/08	
	(
Line 10: Total Re	eceipts \$50 and under* (not listed above)		<u>l</u>
	THE STATE OF THE PERIOD	707.8	← Enter on page 1, line 2
Line 11: TOTA	L RECEIPTS IN THE PERIOD	101.0	Effici of page 1, fine 2
	1	line 9 Line 10 sh	ould 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 (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$50	(or listed above)	
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		Line 13: Expenditures \$50 and u	nder* (not listed above)	
	Enter on page 1 12mg 4	Line 14. TOTAL EVDENDED	IDEC DI MITE DEDICE	
4.70		Line 14: TOTAL EXPENDITU		
* If you have item	ized expenditures of \$50 and under,	include them in line 12. Tine 13 she	and include only those over andit	

^{*} 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 6 on page 1.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
	~			
]			
			2023 OCT TOWN OF TOWN OF	TO TO
			OLERK'S	SE V
	0		3: 49 OFFICE S,MASS.	0
		Line 15: In-Kind Contribution	ns over \$50 (or listed above)	
		Line 16: In-Kind Contribution	ns \$50 & under (not listed above))
		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.

Page 6



Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Fill in Re	eporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission Ending Date: 117123
	Report: (Check one) y preceding preliminary	30 day after election year-end report dissolution
our day	om day proceeding crootion	
Rol	Candidate Full Name (if applicable)	Committee Name
Tow	Office Sought and District	Name of Committee Preasure
27	Residential Address	Committee Mailing Address 1
Telephone N	rumber (optional):	Telephone Number (optional):
	SUMMARY BALANC	E INFORMATION:
	Line 1: Ending Balance from previous report	
9 9 1 1	Line 2: Total receipts this period (page 3, line 11)	506.12/00
	Line 3: Subtotal (line 1 plus line 2)	506. 12/08
	Line 4: Total expenditures this period (page 5, line	506.2/08
	Line 5: Ending Balance (line 3 minus line 4)	in the second se
	Line 6: Total in-kind contributions this period (page	ge 6) 560 %o
	Line 7: Total (all) outstanding liabilities (page 7)	Ø
	Line 8: Name of bank(s) used:	
I certify that I activity, inclu-	ding all contributions, loans, receipts, expenditures, disbursements, in-kind co ty of all persons acting under the authority or on behalf of this committee in a	of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.
Signed under	r the penalties of perjury:	(Treasurer's signature) Date:
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
I certify t	te with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the tof all persons acting under the authority or on behalf of this committee in according to the committee of the committee of any liabilities nor made any expenditures on my behalf during this reporting process.	pest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
I certify t	te without Committee OR Candidate with independent activity filing sep that I have examined this report including attached schedules and it is, to the b ctivity, including contributions, loans, receipts, expenditures; disbursements, a finance activity of all persons acting under the authority or on behalf of this	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
Signed under	the penalties of perjury:	(Candidate's signature) Date: 10/05/23

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)
9/7/23	Vista Print online	346%	
9/30/23	vista Printonline	101 60	NZ savojao z rivija
9/30/23	Home Depot which we have	58 44/0	O set sulfit pritaski ciwo
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	A CONTRACTOR OF THE PARTY OF TH	. 1917	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)	Age to go of	
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	L	← Enter on page 1, line 2

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SCHEDULE A. RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amo		Occupation & Employer (for contributions of \$200 or more)
			7023-007-20-0
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	1.	3	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	e 9. Line 10 sho	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		
9 30	Vista Print	ONline	30 Sign Lawn Holdes	10160		
917	CAMPAIGNSIGNS	online	30 CAMPaigNSIGNS	346.08		
9/30	Sign Holder	Homedapot	225tand Polas	58:44		
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(H)	P 1: 2k					
	CLERK					
1,1	Z0Z3 C TOWN TOWN	13. Y.				
	3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
		arg.				
	. 1	Line 12: Total Expenditures over	\$50 (or listed above)			
	I	Line 13: Total Expenditures \$50 a	and under* (not listed above)			
* If you have itemi	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 above. Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			2023 OCT 30 P 1: 2	
<u>%</u> ~	Marin Carrest	De Charle Miles	TOWN CLERK ¹ S OFFICE TOWN OF SAUGUS, MASS	
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		Line 12: Expenditures over \$50	O (or listed above)	
-	· F · .	Line 13: Expenditures \$50 and	under* (not listed above)	
e e E	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES 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.

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
10/6/23	Lask 6	Dorchaster Myss 303 Progestyst	CAMPaigno Robot CAMBOSR	500.%
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		Hards and the second se		
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		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	550 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS [

^{*} 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.

Page 6

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	REPURPLED	Amount
			2023 OCT 30 P I: 25	
			TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.	
·	,			
		144		
	·			
		14 May 14		
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				



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: /-/	-23 Ending Date: OCT 30,2023
Type of Report: (Check one)	2014 (C. 21) (C.)
	30 day after election year-end report dissolution
E am my procumg procum, procumg procum, procumg procum, procumg procum, procumg procum, procumg procum, procumg procum	
Peter 2. Manoogran Sr.	Charte Commission
Candidate Full Name (if applicable)	Committee Name
Charter Commission	No committee
Office Sought and District	Name of Committee Treasurer
50 Balland St. Savars	
Residential Address	Committee Mailing Address
Telephone Number (optional): 781-233-4715	Telephone Number (optional):
West.	
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	
Eine 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
X	7 5 W 33 72
Line 3: Subtotal (line 1 plus line 2)	O WWW OF THE
Line 4: Total expenditures this period (page 5, line	e 14) 0 3
Line 5: Ending Balance (line 3 minus line 4)	50 D
Line 6: Total in-kind contributions this period (pa	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	NA
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 of finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign
	(Treasurer's signature)
	(Trouburd & digitatio)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
Candidate with Committee and no activity independent of the 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 accincurred any liabilities nor made any expenditures on my behalf during this reporting	cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period,
Candidate without Committee OR Candidate with independent activity filing se	parate report
Lecrtify 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 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	s committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of periury:	(Candidate's signature) Date: 10-30-2023

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.)

Data Dandur	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing: required)	111111111111111111111111111111111111111	(101 contributions of \$200 of more)
	TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.	A. Carlotte	
	TOWN CLERK MASS.		. /
	TOWN OF Shiese		
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	41 (Kg)	43	/
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	/		
s			
ine 0: Total Recei	ipts over \$50 (or listed above)	· .	
ine 10: Total Rece	sipts \$50 and under* (not listed above)	· (),	
ne 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

1 1977.

SCHEDULE A. RECEPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	tang malapara *		USW 22 -4
			O II A O TOWN CLERK'S OFFICE
	:		TOWN OF SAUGUS, MASS.
	M.		COAM CURING TO MULTINE CO.
	7.41 /x	200	
		1 to 1	
	J		
ine 9: Total Receip	ts over \$50 (or listed above)		
ine 10: Total Receip	ots \$50 and under* (not listed above)		
ine 11: TOTAL RI	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

Page 3

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 an expen	eport 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	
	2023 OCT 30 A II				
	11:	+ F-1 F-1			
	TOWN CLERK'S OF TOWN OF SAUGUS,	Nas.			
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		/			
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		D. V.			
	7 6	. //			
		[
		<i>V</i>			
		Line 12: Total Expenditures ove	r \$50 (or listed above)	· · ·	
		Line 13: Total Expenditures \$50	and under* (not listed above)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	<u> </u>				
		Line 14: TOTAL EXPENDITU	L		

^{*} 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 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(11 j	Address	D	
		113 114		
		2023 OCT 3.0 A I	1024 OE TOO EEE	
		30 74	1913 OE TOO EIN	
		TOWN CLERK'S OF	FICE	
		TOWN CLERK'S OF TOWN OF SAUGUS, M	Sterious Para	
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Å å				
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·		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	7	
	y Security a	Line 12: Expenditures over \$50		
	' es les la serve	Line 13: Expenditures \$50 and u	ander* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES 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.

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
	- 20 A	1:103		
	TOWN OF SAUGUS,	1.55		
		ighty or		
		S.M. (18)		
		The state of the s		
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions		
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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.

Page 6

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
·				
		14.	· · · · · · · · · · · · · · · · · · ·	
			2023 OCT	
·			1023 OCT 30 A II: 03	
	. /		II: 03	
		7.操作"小"	· ·	
		19 Ban 18 1		
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

Y



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission Ending Date: 10/30/23
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Peter A Rossetti Jr. Candidate Full Name (if applicable) Charter Commission Office Sought and District 6 Summit Avenue, Saugus, MA 019 Residential Address	
E-mail:peterrossettijr@aol.com	Committee Mailing Address E-mail:
Phone # (optional): 781-233-1855	Phone # (optional):
CTROCLEVE	
	ICE INFORMATION:
Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 1	1) 0.00
Line 3: Subtotal (line 1 plus line 2)	0.00
Line 4: Total expenditures this period (page 5, 1	line 14) 464.00
Line 5: Ending Balance (line 3 minus line 4)	464.00
Line 6: Total in-kind contributions this period (
Line 7: Total (all) outstanding liabilities (page 7	7) 464.00
Line 8: Name of bank(s) used: Rock1	and Trust Co
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the b activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury:	in accordance with the requirements of M.G.L. c. 55
	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to a activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this reporti	the best of my knowledge and belief, a true and complete statement of all campaign finance
Caudidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to a finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of Signed under the penalties of perjury:	the best of my knowledge and belief, a true and complete statement of all campaign

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.)

	Please include your committee name and a pa Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	TAMOUNT	
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LA DECIMAL I		1	
Annual Control of the Annual Control of the Control			7
ine 9: Total Red	ceipts over \$50 (or listed above)		
	f V		Ħ
Line 10: Total Re	ceipts \$50 and under* (not listed above)]
		The state of the s	i .
ine 11: TOTAL	L RECEIPTS IN THE PERIOD		☐ Enter on page 1, line 2
	and under include them in [ine 9 Line 10 sho	uld 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 expendi	To XVI and Dail	ittee name and a page number on	F-187	
D-4- P-13	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid 10/17/23	S Sachem Signworks	124 Māin St Saugus, MA 01906	Signs	464.00
			The second secon	
			ZOZ3 OC TOWN CF	77
1			LERK'S SAUGUS	O III
			1:58	G
				·
				Land to the second
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	464.00
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	480.00
		Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	464.00

^{*} 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 A: RECÉIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	NONE		
	NONE]
		1	
,			
		,	
ED (ED)	D 1:58 S OFFICE IS, MASS.		
E E	CT 3 L F		
~	TOWN TOWN		
·			
Line 9: Total Rece	ipts over \$50 (or listed above)	0.00]
Line 10: Total Rece	sipts \$50 and under* (not listed above)	0.00	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	0,00	← 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 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	NONE			
			1	
			100 NAOL 100 NAOL	TI I
			3 - T)EIV
			1:58 OFFICE NASS.	B
L.,		Line 15: In-Kind Contribution	s 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.

Page 6

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			1	
			1	
			·	
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	S E S			
9	1 HO			
3	C (1/s)			
₹	CIT 3			
1.1	DO N		.	
	1			
		·		
	· po			
	y= 151 *	*		
		Line 12: Expenditures over \$50	(or listed share)	
		THE TAL DAPONGLINIES OVEL \$30	(or figure above)	
		Line 13: Expenditures \$50 and u	inder* (not listed above)	
	,			
	Enter on page 1, line $4 \rightarrow$		URES IN THE PERIOD	
If you have item	ized expenditures of \$50 and under	include them in line 12 Line 13 sh	lould include only those expenditures	

^{*} 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 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
10/17/23	Sachem Signworks	124 Main St Saugus, MA 01906	Signs	464.00
			TOWN CLER	
			SAUGUS, MASS.	S S
			2 N N N N N N N N N N N N N N N N N N N	
	Enter on page 1, line 7 → L	ine 18: TOTAL OUTSTANDI	NG LIABILITIES (ALL)	464,00

* ---

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