

# 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:	-1-19	Ending Date:	10-29-19	ì		
Type of Report: (Check one)						
8th day preceding preliminary 8th day preceding election	□ 30 day a	after election	ear-end report	dissolution		
stri day preceding premininary		itter election				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Candidate Full Name (if applicable)	-	Com	mittee Name			
Office Sought and District		Name of Co	ommittee Treasurer			
31 WAMES IT AVENUE	_	G	26.22 - 1.11			
Residential Address	E-mail:	Committee	e Mailing Address			
E-mail: jvecc324@gmail.com	-   -	tional).		-		
Phone # (optional): 781 - 520 - 9859	— Phone # (or		100			
	ICE DIECE	NAK LITTONI	84 0			
SUMMARY BALAN	СЕ ПУГОЬ	WIATION:		_ 171		
Line 1: Ending Balance from previous report		\$0.0	0			
	[					
Line 2: Total receipts this period (page 3, line 1	[1]	\$0.0	0			
Line 3: Subtotal (line 1 plus line 2)		\$0.0	20			
Time 3. Bubiotal (line 1 plas line 2)	, L					
Line 4: Total expenditures this period (page 5,	line 14)	\$ 276.2	18			
Line 5: Ending Balance (line 3 minus line 4)		- 8276.2	8	<u> </u>		
Line 6: Total in-kind contributions this period	(page 6)	\$ 0	.00			
Line 7: Total (all) outstanding liabilities (page	7)	\$ 276.	20			
Line 8: Name of bank(s) used:			701 TOV			
			ZZ O	A .		
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-k	best of my knowle	edge and belief, a true and o	complete statement of	all campaign finance		
activity, including all contributions, loans, receipts, expenditures, disoursements, in-k finance activity of all persons acting under the authority or on behalf of this committee	e in accordance w	ith the requirements of M.C	ż.L. 0,35	Sito tito puripuga		
Signed under the penalties of perjury:		(Treasurer's signat	nure) 55 % Date:			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box 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 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 OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, the finance activity, including contributions, loans, receipts, expenditures, disburses campaign finance activity of all persons acting under the authority or on behalf of the contributions.	o the best of my kneeds, in-kind cont	nowledge and belief, a true ributions and liabilities for	irements of M.G.L. c.	55.		
Signed under the penalties of perjury:		(Candidate's signa	iture)	10-22-19		

#### 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)
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H.	TOWN OF SAUGUE,		
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The second secon	3 _2 2 _1g		
Line 9: Total Receip	ots over \$50 (or listed above)	\$0.00	
Line 10: Total Recei	pts \$50 and under* (not listed above)	\$0.00	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	F0.00	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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a light		2 1 10 1	
			TOWN OF TOWN
		,	EIV 22 F SAUGU
			DEFICE NASS
	/		
Line 9: Total Rece	ipts over \$50 (or listed above)	\$0.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD	\$0.00	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 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.)

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
10-3-19	NETBRANDS MEDIA CORP.	14550 BEECHMUT ST. HOUSTON, TX 77083	12 PCS - 18x24 YARD SIGNS	189.28
10-15-19	Netbernhos Medin Corp	14660 BEECHNUTST. HOUSTON, TX 77083	12 Pes - 18 x 24 YARD SIESS	\$137.12
	* .			
	B OFFICE S, MASS.			
CEN	CLERK CLERK OF SAUG			
	TOWN TOWN			
		Line 12: Total Expenditures over	er \$50 (or listed above)	\$276,28
Line 13: Total Expenditures \$50 and under* (not listed above) \$0.00				\$0.00
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	\$276.28

<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.

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### **SCHEDULE B: EXPENDITURES (continued)**

2 . 2	To Whom Paid		D 47	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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/				
		Time 10. France literature de	O (an listed above)	
		Line 12: Expenditures over \$50	o (or listed above)	
		Line 12. Evener ditures 050 and under* (not listed above)		
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TIRES IN THE PERIOD	
	, a 150		hould include only those expenditur	L

<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.

#### 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
£.				
11.71				
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			V OLERK	
3.55			CT 22 P 12: 0 CLERK'S OFFICE F SAUGUS, MASS.	WED
			500	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	\$0.00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	F0.00
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	\$9.00

<sup>\*</sup> 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
10-3-19	Joseph J. VeccHionEI	31 WAMESIT AVENUE SAUGUSINIA 01906	12 pc - 18x24 YANED SIGNS	\$ 139.28
10-15-19	JOSEPH J. VECCHIONE III	31 WAMESIT AVENUE SAUCUS, MA 01906	12 pc - 18 x24 YARD SIENS	<sup>8</sup> 137.12
-				
	3			
			2019 TOWN TOWN	
9.			ZUIS OCT 22 P 12: 02 TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.	G
			P 12:	
			02 SE	1, F2, -2
	,			
		,		
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)  \$276.28				

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# **Netbrands Media Corp.**

14550 Beechnut St. Houston, TX 77083

Order #IM95D53BB476 Order Time: 10/15/19 8:49 AM

PO Number: N/A

# INVOICE

Bill To

Joseph Vecchione 31 Wamesit Avenue Saugus, MA 01906

Email: jvecc8@comcast.net

Ship To

Joseph Vecchione 31 Wamesit Avenue Saugus, MA 01906

Phone: (781) 520-9859

# Order Items		Qty	Total
Custom 18" x 24" Yard Signs		12	\$156.80
<ul> <li>Number Of Imprint Colors: 3 Imple</li> <li>Print Position: Both Front And Bath</li> <li>Artwork Type: Upload My Artwork</li> <li>Artwork: Artworks/kwi6kb8kfimoh</li> <li>Proof Charge: No</li> <li>Display Option: Wire Stand [+0.9]</li> <li>Comments: Full Bleed. Ensure S</li> <li>Rush Production - 1 Day (total) 1</li> <li>01906 Rush Shipping - 3 Days 1</li> </ul>	ck kvuggbt		

<sup>&</sup>lt;sup>1</sup> All of production time and shipping time are in business days. Production starts from the day that all of the production requirements are satisfied.

<sup>\*\*\*\*</sup> By approving your order and the invoice, you have agreed to our Terms & Conditions.

ORDER TOTAL	\$137.12
SALES TAX (TX ONLY)	\$0.00
HANDLING & FEES	\$0.00
APPLIED CREDITS	-\$6.96
COUPON DISCOUNT	-\$12.72
SUBTOTAL	\$156.80

#	Transaction Date	Туре	Reason	Amount	Reference
1	10/15/19 8:50 AM	CHARGE	Order	\$137.12	Visa x-3876

<sup>\*\*</sup> All checks require the order number to be written on the check's memo. Any check without the order number will be deposited but the order will not go in production until identified. Production will start after the check has cleared the bank and the order is identified.

<sup>\*\*\*</sup> Please verify your shipping address carefully upon the receipt of this invoice. Any address change or address correction requested after the order goes into the production might not be guaranteed and requires an additional charge of \$35, which will also be automatically charged to the original payment form if the shipping carrier(s) identifies the incomplete or incorrect address issue and successfully makes the correction for the shipment delivery.

RECEIVED

2019 OCT 22 P 12: 05

TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.



# **Netbrands Media Corp.**

14550 Beechnut St. Houston, TX 77083

**INVOICE** 

Order #IM95DE9E4326

Order Time: 10/03/19 1:39 PM

PO Number: N/A

**Bill To** 

Joseph Vecchione 31 Wamesit Avenue Saugus, MA 01906

Email: jvecc8@comcast.net

Ship To

Joseph Vecchione 31 Wamesit Avenue Saugus, MA 01906

Phone: (781) 520-9859

#	Order Items	Qty	Total
1	Custom 18" x 24" Yard Signs	12	\$150.16
	<ul> <li>Number Of Imprint Colors: 3 Imprint Colors</li> <li>Print Position: Both Front And Back</li> <li>Artwork Type: Upload My Artwork</li> <li>Artwork: Artworks/hantop8o9qhnyxcnw0da</li> <li>Proof Charge: No</li> </ul>	,	4
	<ul> <li>Display Option: Wire Stand [+0.99]</li> <li>Comments: Please Ensure PDF Is Scaled To Fill And Fit The Entire 18" X 24" Sign On Both Sides.</li> <li>Rush Production - 0 Day (total) <sup>1</sup></li> <li>01906 Rush Shipping - 3 Days <sup>1</sup></li> </ul>	*	

<sup>&</sup>lt;sup>1</sup> All of production time and shipping time are in business days. Production starts from the day that all of the production requirements are satisfied.

<sup>\*\*\*\*</sup> By approving your order and the invoice, you have agreed to our Terms & Conditions.

ORDER TOTAL	\$139.28
SALES TAX (TX ONLY)	\$0.00
HANDLING & FEES	\$0.00
COUPON DISCOUNT	-\$10.88
SUBTOTAL	\$150.16

	#	Transaction Date	Туре	Reason	Amount	Reference
ſ	1	10/3/19 8:51 PM	CHARGE	Order	\$139.28	Visa x-3876

<sup>\*\*</sup> All checks require the order number to be written on the check's memo. Any check without the order number will be deposited but the order will not go in production until identified. Production will start after the check has cleared the bank and the order is identified.

<sup>\*\*\*</sup> Please verify your shipping address carefully upon the receipt of this invoice. Any address change or address correction requested after the order goes into the production might not be guaranteed and requires an additional charge of \$35, which will also be automatically charged to the original payment form if the shipping carrier(s) identifies the incomplete or incorrect address issue and successfully makes the correction for the shipment delivery.

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1019 DCT 22 P R: 02
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