

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: 04/0	21/2024 Ending Date: 05/10/2021
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
Michael L Merolli	
Candidate Full Name (if applicable) Mendon Select Board Member	Committee Name
Office Sought and District 31 Bates St, Mendon, MA 01756	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: mikemerolli@gmail.com	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11) 0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, lin	ne 14) 440.69
Line 5: Ending Balance (line 3 minus line 4)	-440.69
Line 6: Total in-kind contributions this period (p	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	-603,04
Line 8: Name of bank(s) used: Rock a	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the besactivity, 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	contributions and liabilities for this reporting period and represents the campaign 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 b Candidate with Committee	ox only)
1 certify that I have examined this report including attached schedules and it is, to the	te best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period that are not otherwise disclosed in this report.
Candidate without Committee Certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority of on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 5/10/2

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)
			(103 Contributions of \$200 of more)
pr 29, 2021			
		<u> </u>	
],		
ne 9: Total Receip	ots over \$50 (or listed above)		
no 10, Tat-1 D - 1	P50 - 1 - 1 + / . 1 - 1		
ne iu: i otal Kecei	pts \$50 and under* (not listed above)		
no 11: TOTAT D	ECEIPTS IN THE PERIOD		
uc II. IUIAL K	LCLU IO IN THE LEXION	 	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)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ripts \$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		Pugery	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
4/29/2021	TM Printing & Graphic Design	7747578852	campaign sign design	79.69
5/7/2021	Town Crier Publications	48 Mechanic Street Upton, MA 01568	Newspaper Ad	361
,				
		Line 12: Total Expenditures	over \$50 (or listed above)	440.69
		Line 13: Total Expenditures \$	\$50 and under* (not listed above)	0
	Enter on nage 1 line 4 →	Line 14: TOTAL EXPEND		446.69
			Should 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.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid	A 33	D	A		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
}						
}						
		Line 12: Expenditures over \$50	O (or listed above)			
Line 13: Expenditures \$50 and under* (not listed above)						
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD			
If you have item	nized expanditures of \$50 and unde	er, include them in line 12. Line 13 s	bould include only these everything			

^{*} 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		
		Line 15: In-Kind Contributions				
		Line 16: In-Kind Contributions \$50 & under (not listed above)				
	Enter on page 1, line 6 →	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.

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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
4/22/2021	Winning Campaign Strategies	399 River Road Hudson, MA 01749	Campaign Signs	377.51
4/30/2021	Winning Campaign Startegies	399 River Road Hudson, MA 01749	Campaign Signs	78.5
5/7/2021	Winning Campaign Strategies	399 River Road Hudson, MA 01749	Palm Cards	146.05
1				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	602.06

5/10/2021

Gmail - Payment confirmation: Invoice 1068 (TM Printing and Graphic Design LLC)



Michael Merolli <michaelmerolli@gmail.com>

Payment confirmation: Invoice 1068 (TM Printing and Graphic Design LLC)

1 message

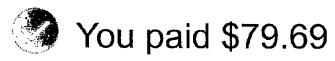
QuickBooks Payments <quickbooks@notification.intuit.com> Reply-To: donotreply@intuit.com To: michaelmerolli@gmail.com

Thu, Apr 29, 2021 at 8:46 AM



Payment receipt

Manage payment



to TM Printing and Graphic Design LLC on April 29, 2021

Payment details

Invoice no. 1068

Invoice amount \$79.69

Total amount \$79.69

Payment method MasterCard ****2553

Authorization ID PS0015631039

Thank you,



TM Printing And Graphic Design LLC

774 757 8852

(508) 529-7791

Town Crier Publications, Inc.

48 Mechanic Street Upton, MA 01568

Invoice #: 00029264

Invoice Date: 5/7/2021

DUE DATE

Committee to elect Mike Merolli 3 Bates Street Mendon, MA 01756

Salesperson: Mrs. Lori Tate	Customer P.O.	#: T	erms 0% 30 Ne	et 15	Discount	Pa	ge#: 1
Description		Job Numt	_{oer} Qıy.	Units	Rate	Discount	Extended
Jpton & Mendon 1/4 page ad 5/7/21 Jpton/Mendon Color		U5A2021 U5A2021	1	ea ea ·	\$291,00 \$70,00		\$291.00 \$70.00

Job number codes U = Upton/Mendon paper, M= Milford paper, XX=Month A=first subtotal week, B=second week, C=third week, D=fourth week, 2013 = year Total Applied

Accept credit cards

1.5% per month interest will be charged on all past due invoices. All fees and charges associated with collection of past due invoices are the

\$361.00 \$361.00 \$361.00

Balance Due

\$0.00



399 River Road Hudson MA 01749 508-951-6639

79132

Date: 4/22/21

Terms Net 30 Days

Customer P.O. No.

Reference No.

Sales Rep: Mark Carron - WCS

Ordered By: Mike Merolli

Phone: (508) 498-7733

CTE Merolli, Mike 31 Bates Street Mendon MA 01756 Phone: (508) 498-7733

	Description		Amount
Quantity 50	Lawn Signs & H-Stakes		\$ 377.51
Taken by:	Deanna	SUBTOTAL TAX	\$ 377.51 \$ 23.59
		SHIPPING TOTAL	\$ 0.00 \$ 401.10
		DEPOSITS AMOUNT DUE	\$ 0.00 \$ 401.10

PLEASE MAKE CHECK PAYABLE TO WINNING CAMPAIGN STRATEGIES. SEND PAYMENT TO ADDRESS BELOW.

508.951.6639 | 399 RIVER ROAD | HUDSON, MA 01749



CTE Merolli, Mike 31 Bates Street Mendon MA 01756 Phone: (508) 498-7733

79160

Date: 4/22/21

Terms Net 30 Days Customer P.O. No. Reference No.

Sales Rep: Mark Carron - WCS

Ordered By: Mike Merolli Phone: (508) 498-7733

	Description		
Quantity 10	Description Lawn Signs & H-Stakes		\$ 78.50
Taken by:	Deanna	SUBTOTAL TAX SHIPPING TOTAL DEPOSITS AMOUNT DUE	\$ 78.50 \$ 4.92 \$ 0.00 \$ 83.4 \$ 0.00 \$ 83.4

PLEASE MAKE CHECK PAYABLE TO WINNING CAMPAIGN STRATEGIES. SEND PAYMENT TO ADDRESS BELOW.

508.951.6639 | 399 RIVER ROAD | HUDSON, MA 01749



399 River Road Hudson MA 01749 508-951-6639

Estimate

No: 45485

Date: 5/7/21 Customer PO:

Mike Merolli

CTE Merolli, Mike 31 Bates Street Mendon MA 01756 Phone: (508) 498-7733 E-Mail: michaelmerolli@gmail.com

(6)			\$ 146.05
200	CTE Merolli, Mike Palm Card		·
	Size - 5.5 x 8.5		
1	Stock - 100# Silk Cover		
	Full Color, 2 Sided		
Į.	Layout Back of Card		
	Trim to Size		
	Bulkpack in Cartons		
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Taken by	: Deanna		
Deining !-	subject to review after 30 days. Prices includes one preflight and a PDF		
nroof Ad	ditional charges will be incurred for a file intervention, file correction,		
AA's and	hard copy proofs. Shipping of final product and hard copy proofs (unless		
otherwise	e stated) is additional.		
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