



**Form CPF M101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM**

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:	Full Name:	<u>Albert V. DiVirgilio</u>		
	Residential Address:	<u>120 Locksley Rd</u>		
	City / State / Zip:	<u>Lynnfield, Ma 01940</u>		
	E-Mail Address:	<u>ALDIUS 252 @ Hot Mail . Com</u>	Phone #:	<u>508 527 4664</u>
	Party Affiliation:	____ (If applicable)		
OFFICE SOUGHT/PURPOSE:	Title:	<u>Town Moderator</u>		
	District:	<u>Lynnfield 01940</u>		

COMMITTEE:	Name of Committee:	<u>Committee to elect Albert V. DiVirgilio</u>		
		(The name of the committee must include the candidate's last name)		
	Committee Mailing Address:	<u>120 Locksley Rd</u>		
	City / State / Zip:	<u>Lynnfield Ma</u>	Phone #:	<u>508 527 4664</u>

OFFICERS:	Chairman:	<u>Albert V DiVirgilio</u>	Treasurer*:	<u>Virginia DiVirgilio</u>
	Residential Address:	<u>120 Locksley</u>	Residential Address:	<u>120 Locksley Rd</u>
	City / State / Zip:	<u>Lynnfield Ma 01940</u>	City / State / Zip:	<u>Lynnfield</u>
	Phone #:	<u>508.527.4664</u>	Phone #:	____ Email: _____
	Other Officer/Title:	____	*A public employee may not serve as treasurer of any political committee (see reverse).	
	Residential Address:	____	Other Officer/Title:	____
	City / State / Zip:	____	Residential Address:	____
	Phone #:	____	City / State / Zip:	____
		____	Phone #:	____

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Albert V DiVirgilio Date: 3/24/19
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Virginia DiVirgilio Date: 3/16/19
Treasurer's signature

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Albert V DiVirgilio Date: 3/24/19
Chairman's signature



Commonwealth
of Massachusetts

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: Feb 1, 2019 Ending Date: March 23

Type of Report: (Check one)

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

Albert V DiVirgilio
Candidate Full Name (if applicable)
Town Moderator
Office Sought and District
120 Locksley, Lynnfield
Residential Address
E-mail: ALDINS252@HotMail.com
Phone # (optional): _____

Committee to elect Albert V DiVirgilio
Committee Name
Virginia DiVirgilio
Name of Committee Treasurer
120 Locksley Rd, Lynnfield
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

535.44

Line 3: Subtotal (line 1 plus line 2)

535.44

Line 4: Total expenditures this period (page 5, line 14)

535.44

Line 5: Ending Balance (line 3 minus line 4)

0

Line 6: Total in-kind contributions this period (page 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 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 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 separate report

☐ 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: _____ (Candidate's signature)

Date: _____

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.)

[illegible]

Line 9: Total Receipts over \$50 (or listed above)

535.44

Line 10: Total Receipts \$50 and under* (not listed above)

0

Line 11: TOTAL RECEIPTS IN THE PERIOD

535.44

← 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 Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/17/19	Staples	RT 1 Saugus	Envelopes, Flyers Ink	213.28
3/19	U.S. Post Office	Lynnfield	Stamps	155.00
3/19	Vista Print	N/A.	Cards	156.61
3/9	Facebook	Albion Park, CA.	Advertisement	10.55
Line 12: Expenditures over \$50 (or listed above)				535.44
Line 13: Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				535.44

Enter on page 1, line 4 →

* 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.

[illegible]

* 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.

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)	0