<b>Form CPF M 102</b>	: Campaign Finance Report				
Mu Office of Ca	Municipal Form Office of Campaign and Political Financery OF MELROSE REGISTRARS OF VOTERS				
Commonwealth of Massachusetts	7EQ JAN 15 PM 1:43 7EQ JAN City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 10,	/19/2019 Ending Date: 12/31/2019				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	30 day after election X year-end report dissolution				
	The Committee to Elect Alexand L. Noison				
Alanna L. Nelson Candidate Full Name (if applicable)	The Committee to Elect Alanna L. Nelson Committee Name				
Melrose Ward 1	Giola N. Chaouch				
Office Sought and District	Name of Committee Treasurer				
14 Summit Avenue, Melrose, MA 02176	P.O. Box 761092				
Residential Address	Committee Mailing Address E-mail: hello@alanna-ward1.com				
E-mail:         tactilet@me.com           Phone # (optional):         617.398.0613	Phone # (optional):				
SUMMARY BALAN	ICE INFORMATION:				
Line 1: Ending Balance from previous report	-31.09				
Line 2: Total receipts this period (page 3, line 1	1) 138.41				
Line 3: Subtotal (line 1 plus line 2)	107.32				
Line 4: Total expenditures this period (page 5, 1	line 14) 57.11				
Line 5: Ending Balance (line 3 minus line 4)	50.21				
Line 6: Total in-kind contributions this period (	page 6) 0				
Line 7: Total (all) outstanding liabilities (page 7	7) 0				
Line 8: Name of bank(s) used: Northern Bank an	ld Trust Company				
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: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 Candidate with Committee I certify that I have examined this report including attached schedules and it is, to 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 report Candidate without Committee I certify that I have examined this report including attached schedules and it is, to 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 report Candidate without Committee I certify that I have examined this report including attached schedules and it is, to	in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:				
Signed under the penalties of perjury: Warma & Ullson	(Candidate's signature) Date: 15 Jan 2020				

### **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)
10/22/2019	Gordon Nelson 2424 Andre Avenue Janesville, WI 53545	100.00	
11/2/2019	Tanya Nelson 406 Bentwood Drive Marshall, WI	25.00	
11/3/2019	Harry Halloran	15.00	
			N.
Line 9: Total Receipts over \$50 (or listed above)		140.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		140.00	← Enter on page 1, line 2

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

### **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
10/19/2019	Home Depot	564 Broadway Saugus, MA 01960	Sign Supplies	19.52
10/22/2019	United States Postal Service	23 Essex Street	Stamps	35.00
11/06/2019	ActBlue	366 Summer Street Somerville, MA 02144	Payment Processing	1.59
	· ·			
<u> </u>		Line 12: Total Expenditure	s over \$50 (or listed above)	57.11
		Line 13: Total Expenditures	\$\$50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEN	DITURES 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
	<b>A</b> rran	Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 $\rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

## 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
	[]			
			·	
<u>.</u>		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 $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	N/A

\* 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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	N/A

	Campaign Finance Report					
Commonwealth Office of Can	Office of Campaign and Political Finance CITY OF MELROSE REGISTRARS OF VOTERS					
of Massachusetts Fill in Reporting Period dates: Beginning Date: 01/0	File with City of Home Cleft or Election Commission 1/2019 Ending Date: 12/31/2019					
Type of Report: (Check one)						
Sth day preceding preliminary   8th day preceding election	30 day after election X year-end report dissolution					
Christian John Hashem	Hashem Campaign					
Candidate Full Name (if applicable) School Committee - Melrose	Committee Name Natasha Hashem					
Office Sought and District	Name of Committee Treasurer					
47 West Wyoming Ave, Melrose, MA, 02176 Residential Address	47 West Wyoming Ave, Melrose, MA, 02176 Committee Mailing Address					
E-mail: hashem.christian@gmail.com	E-mail: hashem4melrose@gmail.com					
Phone # (optional):	Phone # (optional):					
SUMMARY BALANC	CE INFORMATION:					
Line 1: Ending Balance from previous report	\$104.00					
Line 2: Total receipts this period (page 3, line 11)	\$0.00					
Line 3: Subtotal (line 1 plus line 2)	\$0.00					
Line 4: Total expenditures this period (page 5, lir	\$0.00 \$0.00					
Line 5: Ending Balance (line 3 minus line 4)	\$104.00					
Line 6: Total in-kind contributions this period (pa	see 6) \$0.00					
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00					
Line 8: Name of bank(s) used: Eastern 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 Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 01/06/2020					
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 the activity, of all persons acting under the authority or on behalf of this committee in activity 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 cordance 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 the 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 penalties of perjury: Cheize Hast	Candidate's signature)					

### **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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Rece	ipts \$50 and under* (not listed above)	\$0.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD \$0.00			← Enter on page 1, line 2

## **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
[]				
[]		[]		
L	<b>Le</b>	Line 12: Total Expenditures ov	er \$50 (or listed above)	\$0.00
		Line 13: Total Expenditures \$50	) and under* (not listed above)	\$0.00
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	\$0.00

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

## 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	over \$50 (or listed above)	\$0.00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	\$0.00
	Enter on page 1, line 6 $\rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	\$0.00

\* 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 $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	\$0.00

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<b></b> Form CPF M 102: (	Campaign Finance Report
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	icipal Form Daign and Political Finance CITY OF MELROSE REGISTRARS OF VOTERS
Commonwealth of Massachusetts	2020 JAN 17 AM 9: 20
01 Mid25dC105C05	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 10/18	8/19 Ending Date: 1/17/20
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election X year-end report dissolution
Christopher C Cirella Candidate Full Name (if applicable)	Committee to Elect Christopher C Civel
	Committee Name Margaret G Civella
City Councilor At Large Office Sought and District	Margaret C Civella Name of Committee Treasurer
69 Cranmure LN Melrose MA Residential Address	69 Cranmore La Melrox, MB
	Committee Mailing Address
E-mail: <u>Cidella 4 metrose &amp; gmail.com</u>	E-mail: Civelia 1 Metruse @ g. mail.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANCE	
Line 1: Ending Balance from previous report	\$ 67.26
Line 2: Total receipts this period (page 3, line 11)	750
Line 3: Subtotal (line 1 plus line 2)	817.26
Line 4: Total expenditures this period (page 5, line	14) 200
Line 5: Ending Balance (line 3 minus line 4)	617.26
Line 6: Total in-kind contributions this period (page	e 6) /48.38
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used: Melcoss	c Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind con finance activity of all persons acting under the authority or on behalf of this committee in ac Signed under the penalties of periory:	ntributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting per	est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee	est of my knowledge and belief, a true and complete statement of all campaign
I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this c	candidate in accordance with the requirements of M.G.L. c. 55.
finance activity, including contributions, loans, receipts, expenditures, disbursements, in	n-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55. Date: ///7/2.0

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### 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.

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(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)
10/22/19	Mary Sexton 19 Sears Auc	\$50	
10/31/19	Caroline Tierne-1 52 Mystic Ane Metrose	150	
11/2/14	Timott + SAMArtha Suniver 36 Articytus Ros	¥ 100	
11/4/19	Marcea Sullivan 53 Norman RD Melrove MA 02176	150	
11/12/19	MAYNO. New England Laborer, District Council 7 Laborers WAY Hopkider MA	\$ 500	LAborers UNION ANTHONY PINI
			· ·
Line 9: Total Recei	pts over \$50 (or listed above)	750	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	750	← Enter on page 1, line 2

## SCHEDULE A: RECEIPTS (continued)

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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	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	M50	← Enter on page 1, line 2

### **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
12/9/19	Melrose Weekly	26 Albion St Wakedield MA	Polisical Ad	#100
12/12/19	Committee to Elect Krite Lipper Garabedia	20 Mystic Auc Metrose MA	Political Contribution	9100-
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	

Enter on page 1, line  $4 \rightarrow$  Line 14: TOTAL EXPENDITURES IN THE PERIOD

200

\* 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
-				
			۱ ۱ ۱	
	l			
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and ι	under* (not listed above)	
	Enter on page 1, line 4 $\rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	200

### SCHEDULE B: EXPENDITURES (continued)

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### 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
10/27/19	Christopher C. Cirellia	109 Cranmore LN Melcose	FACE Book AD's	148.38
<u> </u>		Line 15: In-Kind Contributions	over \$50 (or listed above)	148.38
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	148.38

\* 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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	Ø



Commonwealth of Massachusetts Form CPF M 102: Campaign Finance Report

Office of Campaign and Political Finance

Revel Melrose City Mall K. Foste 1/21/20

CPF ID# 17317

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, MA 02108 (617) 979-8300

Reporting Period: Beginning: 10/28/2019 Ending: 1/21/2020

Type of Report: 2019 Pre-election Report

Thomas, Cory Full Name of Candidate

Municipal, Local Filer Office Sought/ District 19 Linwood Avenue

Melrose, MA 02176

Residential Address

Cory Thomas

Michelle Thomas

19 Linwood Avenue

Melrose, MA 02176

Committee Address

SUMMARY BALANCE INFORMATION	
Ending balance from previous report:	\$361,76
Total receipts this period:	\$713.22
Subtotal:	\$1,074.98
Total expenditures this period:	\$1,143.06
Ending Balance:	(\$68.08)
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$0.00

#### 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, inkind 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 (in ink)

12114

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, and 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 and 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, disbursements,

inkind 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

7070 Candidate's signature

### 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.

Date Name and Residentia	l Address	Amount Occu	pation and Employer
11/1/2019 Griffith, John		\$145.35	
МА			
11/19/2019 Izzi, Lou		\$121.07	
Damon St			
Melrose, MA 02176			
11/17/2019 mcdonnell, Patricl		\$50.00	
97 Meridian			
Melrose, MA 02176			
11/25/2019 Taglieri, Rich		\$200.00 owner	r
39 Beech		Giaca	mos
Melrose, MA 02176			
11/25/2019 Thomas, Michelle		\$100.00	
19 Linwood Ave			
Melrose, MA 02176			
11/19/2019 Walsh, Alicia		\$96.80	
124 Whitman Ave		Comr	nonwealth of Massachusetts
Melrose, MA 02176			
	Total Itemized Receipts:	\$713.22	
	<b>Total Unitemized Receipts:</b>	\$0.00	
	Total Receipts:	\$713.22	

## 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 over \$50 and under may be added together from committee records, and reported on line 13.

Date Name and Address	Amount Purpose
11/21/2019 dennis newman	\$500.00 Recount
1 Mckinley Square	
Boston, MA 02108	
10/28/2019 dunkin donuts	\$36.63 Coffee For Volunteers
MA	
11/4/2019 dunkin donuts	\$26.98 Coffee For Volunteers
MA	
11/4/2019 dunkin donuts	\$33.47 Breakfast For Volunteers
МА	
11/7/2019 dunkin donuts	\$40.00 Coffee Volunteers
MA	
11/22/2019 Giacamos	\$130.00 Volunteers Get Together
МА	
1/14/2020 Giacamos	\$49.00 Team Meeting
МА	
11/4/2019 Kappys	\$57.36 Supplies For Party
МА	
12/12/2019 La Famiglia	\$100.00 Staff Lunch
МА	

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\$80.00 Reimbursement For Emergency Fund and Other Items

10/29/2019 Petrones		\$35.38 Dinner Meeting
		499.95 Dimini Mooning
MA	· · · · · · · · · · · · · · · · · · ·	
12/11/2019 Shaws		\$5.00 Gifts
MA		
12/12/2019 Starbuck		\$5.24 Meeting
MA		
12/16/2019 Usps		\$44.00 Stamps
MA		
12/16/2019 Thomas, michelle		\$0.00
	Total Itemized Expenditures:	\$1,143.06
	Total Unitemized Expenditures:	\$0.00
	Total Expenditures:	\$1,143.06

# Schedule R: Reimbursements

Date Reimbursee 12/16/2019 Thomas, michelle Total Amount \$0.00



Commonwealth of Massachusetts

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File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, NA 02108 (617) 979-8300

CPF ID# 17317

Cory Thomas
Committee Name
12/16/2019
Date of Reimbursement

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:	Form CPF M 102: Campaign Finance Report Municipal Form MELROSE Office of Campaign BEOFSILited Phance VOTERS
Elevative City or Town City or Theolain Commission         Fill in Reporting Period dates:         Beginning Date:       \	Commonwealth of Massachusetts 2020 JAN 22 AM 8: 48 total End and End a
□ 8th day preceding preliminary       □ 8th day preceding reliminary       □ dissolution         □ 0xadA       Conv       572         □ 0xadA       SubA       572         □ 10xadA       Total (page 3, line 11)       Conv	File with: City or Town Clerk or Election Commission
□ 8th day preceding preliminary       □ 8th day preceding reliminary       □ dissolution         □ 0xadA       Conv       572         □ 0xadA       SubA       572         □ 10xadA       Total (page 3, line 11)       Conv	Type of Report: (Check one)
Line 1: Ending Balance from previous report       \$1744.000         Line 2: Total receipts this period (page 3, line 11)       0         Line 3: Subtotal (line 1 plus line 2)       \$1744.000         Line 4: Total expenditures this period (page 5, line 14)       200         Line 5: Ending Balance (line 3 minus line 4)       \$1544         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:       East Heast Hea	Donald C. Conn NR         Candidate Full Name (if applicable)         Alenan         Office Sought and District         Bost Sch Sch Rd, Melloss         Residential Address         E-mail:       donolsc pclaw.com
Line 2: Total receipts this period (page 3, line 11)       0         Line 3: Subtotal (line 1 plus line 2)       \$\frac{1744.000}{91744.000}\$         Line 4: Total expenditures this period (page 5, line 14)       200         Line 5: Ending Balance (line 3 minus line 4)       \$\frac{1544}{91544}\$         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:       East How Row K.         I ertify 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, lons, 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 MGL c. 5.         Signed under the penaltics of perjary:       Uproc Company       (Treasurer's signature)       Date: 1/15/20         FOR CANDIDATE FILLINGS ONLY: Affidavit of Candidate: (check 1 box only)       Candidate with Committee       S. 5. 1 have not received any contributions, lons, receipts, expenditures, disbursements, in-kind contributions and liabilities for 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, nons, receipts, expenditures, disbursements, in-kind contributions, and it is, to the best of my knowledge and belief, a true an	SUMMARY BALANCE INFORMATION:
Line 2: Total receipts this period (page 3, line 11)       0         Line 3: Subtotal (line 1 plus line 2)       \$1744.000         Line 4: Total expenditures this period (page 5, line 14)       200         Line 5: Ending Balance (line 3 minus line 4)       \$1544         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:       East How Row K.         Affidavit of Committee Treasurer:       1         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, lons, receipts, expenditures, disbusements, 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 MGL c. 5.         Signed under the penalties of perjary:       Context         Candidate with Committee       (check 1 box only)         Candidate with Committee       S1.5 (the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity and I have no received any contributions, incurred any liabilities nor made any expenditures, obschude the tota in accordance with the requirements of MGL c. 55.         Signed under	
Line 3: Subtotal (line 1 plus line 2)       \$1744.00         Line 4: Total expenditures this period (page 5, line 14)       200         Line 5: Ending Balance (line 3 minus line 4)       \$15444         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:       East How Rew K.         Affidavit of Committee Treasurer:       1         Lettity that Thave 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. e. 55.         Signed under the penaltics of perjury:       Line 3 chieft of 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. e. 55.         Signed under the penaltics of perjury:       Line 3 chieft of this reporting period and represents the campaign finance activity, including tatched 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. e. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report	
Line 4: Total expenditures this period (page 5, line 14)       200         Line 5: Ending Balance (line 3 minus line 4)       \$1544         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:       East Heave Read K.         Affidavit of Committee Treasurer:       0         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. e. 55.         Signed under the penalties of perjury:       Quark Conditionation (Conditionation) (Treasurer's signature)         Candidate with Committee       Incertify 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. e. 55.         Signed under the penalties of perjury:       Quark Conditions (Condition)         Candidate with Committee       Incertify 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. e. 55. I have not received any contributions, incurred any liabi	Line 2: Total receipts this period (page 3, line 11)
Line 5: Ending Balance (line 3 minus line 4)       \$1544         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:       East ACM Raw K         Affidavit of Committee Treasurer:       Icertify that 1 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:       Comm         Candidate with Committee       Icertify that 1 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 my liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.         Candidate withOur Committee       I certify that 1 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 rece	Line 3: Subtotal (line 1 plus line 2) $91741.00$
Affidavit of Committee Treasurer:         Lere 8: Name of bank(s) used:         Exercise Activity, 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. e. 55.         Signed under the penaltics of perjury:       Image: Committee	Line 4: Total expenditures this period (page 5, line 14)
Line 7: Total (all) outstanding liabilities (page 7) O Line 8: Name of bank(s) used: East How Roulk . 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: Upred Committee (check 1 box only) Candidate with Committee Teertify 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. Signed under the penalties of perjury: Affidavit of Candidate: (check 1 box only) Candidate with Committee Teertify that 1 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 whe behalf during this reporting period that are not otherwise disclosed in this report. Candidate without Committee Cardidate	Line 5: Ending Balance (line 3 minus line 4) \$1544
Line 8: Name of bank(s) used: East Heave Read K. 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: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee Candidate with the requirements of M.G.L. c. 55. Thave not received any contributions, incurred any liabilities nor made any expenditures on my behalf of this committee in accordance with the requirements of M.G.L. c. 55. Thave not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. Candidate without Committee Candidate without Committee Candidate without Committee Candidate without Committee Candidate without Committee Candidate without Committee Candidate with a lay 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 candidate in accordance	Line 6: Total in-kind contributions this period (page 6)
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:	Line 7: Total (all) outstanding liabilities (page 7)
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:	Line 8: Name of bank(s) used: Easten Bank.
Signed under the penalties of perjury:(Candidate's signature) Date:	FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee Candidate with Committee Candidate with Committee Candidate with committee Candidate without Committe

### **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)
	(p		
Line 9: Total Receipts over \$50 (or listed above)		0	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

### **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	
\$/3/19	Committee to Elect Ted Bettercount	386 Lowell St Peabody Ma	CONTRIBUTION	\$100	
1/5/9	U.S. POSTAL Service	Essex St Mellose, Ma	Postage	\$ 50	
3/23/9	US Postal Service	Essex St Mecnose Ma.	Pastage	\$50	
Line 12: Total Expenditures over \$50 (or listed above)					
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	6	
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 200				

Enter on page 1, line  $4 \rightarrow |$  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 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	
				[]	
				·	
	]				
I					
Line 15: In-Kind Contributions over \$50 (or listed above)			0		
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line $6 \rightarrow$	$e 6 \rightarrow$ 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.

## **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
				9 
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	$\Box \bigcirc$

	2: Campaign Finance Report unicipal Form Campaign and Political FinanCITY OF MELROSE REGISTRARS OF VOTERS
Commonwealth of Massachusetts	2020 JAN 21 PM 12: 51 File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 10	0/19/2019 Ending Date: 12/31/2019
Type of Report: (Check one)         Sth day preceding preliminary         8th day preceding preliminary	n 30 day after election 🔀 year-end report dissolution
Edward J. O'Connell Candidate Full Name (if applicable) School Committee - City of Melrose Office Sought and District 20 Cleveland Street, Melrose, MA 02176 Residential Address E-mail: ejomelrose@gmail.com	Committee to Elect Ed O'Connell         Committee Name         James E. O'Connell, Jr.         Name of Committee Treasurer         20 Cleveland Street, Melrose, MA 02176         Committee Mailing Address         E-mail:       ejomelrose@gmail.com
Phone # (optional):	Phone # (optional): NCE INFORMATION:
Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line	11) 500.00
Line 3: Subtotal (line 1 plus line 2)	500.00
Line 4: Total expenditures this period (page 5,	, line 14) 33.51
Line 5: Ending Balance (line 3 minus line 4)	466.49

Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)

Affidavit of Candidate: (check 1 box only)

Line 8: Name of bank(s) used: Bank of America

Affidavit of Committee Treasurer:

FOR CANDIDATE FILINGS ONLY:

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, dispursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance 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: 01/21/2020

0.00

0.00

### 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 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 the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, its bursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of on behalf of this conditions in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 01/21/2020

## **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)
12/27/19	MA & Northern NE Laborers' Council 7 Laborers' Way Hopkinton, MA 01748	500.00	Political Action Committee
Line 9: Total Recei	pts over \$50 (or listed above)	500.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0.00	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	500.00	← Enter on page 1, line 2

### **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
	Bank of America	P.O. Box 15284	Service Charge	
12/31/2019		Wilmington, MA 19850		33.51
		1		[]
F		[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		J
	[]	<u> </u>		
		Line 12: Total Expenditures over	er \$50 (or listed above)	33.51
		I inc 12: Total Even a diture - OFA	and undout (unt !!=+= 1 === )	
		Line 13: Total Expenditures \$50		0.00
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	JRES IN THE PERIOD	33.51

\* 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 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	over \$50 (or listed above)	0.00
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	INTRIBUTIONS	0.00

\* 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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0.00

Commonwealth of Massachusetts		Form CPF M 102-0: Can Municipa Office of Campaign an	l Form d Political Finance	CITY OF MELROSE REGISTRARS OF VOTER e print or type at Whorkanb 2 except signatures.
City or Town of:			rieus	e print or type an information, except signatures.
Reporting Period	1: Beginning: $01/01/2$	0 (9 (MM/DD/YYYY)	Ending: 01/13/202	(MM/DD/YYYY)
Type of Report: (C	Check One)	NUTO	, <u>, , , , , , , , , , , , , , , , , , </u>	
8th day preced	ling preliminary/primary 🔲 8th day	preceding election 30th day follow	ing election (town or special) 🛛 🕅 2	0th day of January (Year-End report)
2. I certify that	at I am a candidate for or currently hold M	Aunicipal Office. nade any expenditures, or incurred any oblig SIGNATURE		lo not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATORE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/12/20	FRANCIS X. WRIGHTJ.	pmp. A.S.	19, FLORENCEST	Former WARD3 Concile
	······································	4		
	· · · · · · · · · · · · · · · · · · ·			
	L			

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Mu	nicipa	paign Finance Report I Form Political Finance CITY OF MELRO REGISTRARS OF VO	
Fill in Reporting Period dates: Beginning Date: 10/1	9/2019	File with?CitreNT2wh CIPHOT2 Ending Date: 12/31/2019	
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day	after election 🛛 year-end report 🗌	dissolution
Jack Eccles Candidate Full Name (if applicable) Councilor-at-Large Office Sought and District 99 Essex St Unit 10 Melrose, MA 02176 Residential Address E-mail: jack jack for melrosc. Com- Phone # (optional): 781-913-0188	Jack Ec Laura G 99 Esse E-mail: Phone # (d	Committee Name Somez Name of Committee Treasurer ex St Unit 10 Melrose, MA 02176 Committee Mailing Address	
SUMMARY BALANC	CE INFO	RMATION:	
Line 1: Ending Balance from previous report		1518.17	
Line 2: Total receipts this period (page 3, line 11	)	1195	
Line 3: Subtotal (line 1 plus line 2)		2713.17	
Line 4: Total expenditures this period (page 5, lin	ne 14)	2378.07	
Line 5: Ending Balance (line 3 minus line 4)		335.10	
Line 6: Total in-kind contributions this period (page 1)	age 6)	328.50	
Line 7: Total (all) outstanding liabilities (page 7)	ļ		
Line 8: Name of bank(s) used: Eastern 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 Signed under the penalties of perjury:         FOR CANDIDATE FILINGS ONLY:         Affidavit of Candidate: (check 1 b         Candidate with 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 a incurred any liabilities nor made any expenditures on my behalf during this report in Candidate without 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 a incurred any liabilities nor made any expenditures on my behalf during 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 or on behalf of the schedules and it is is to the finance activity of all persons acting under the authority or on behalf of the schedules and it is is to the finance activity of all persons acting under the authority or on behalf of the schedules and it is is to the finance activity of all persons acting under the authority or on behalf of the schedules and it is is to the finance activity of all persons acting under the authority or on behalf of the schedules and it is to the finance activity of all persons acting under the authority or on behalf of the schedules and it is to the finance activity of all p	contributions n accordance w ox only) the best of my k ccordance with g period that a ne best of my k ls, in-kind cont	and liabilities for this reporting period and represents the vith the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 1/19, 1	ne campaign /2020 all campaign finance I any contributions, all campaign
Signed under the penalties of perjury: <u>fure Ecolore</u>	<b>A</b> FT 2014 MINUTE - 2017 - 201	(Candidate's signature) Date: 1/19	/2020

#### **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 Dessived	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required) Mindy Domb 106 Larkspurt Dr	25	State Representative Commonwealth of Massachusetts
10/31/2019	Amherst, MA 01002	23	
11/6/2019	Sam Hammar 12 Bartletts St Melrose, MA 02176	20	Government Employee Commonwealth of Massachusetts
10/28/2019	Jack Eccles 99 Essex St Unit 10 Melrose, MA 02176	150	Technology Consultant Paytronix Systems
11/12/2019	Jack Eccles 99 Essex St Unit 10 Melrose, MA 02176	350	Technology Consultant Paytronix Systems
10/21/2019	Robert Dolan Committee 202 Bonham Rd Dedham, MA 02026	100	OCPF ID: 16096
10/21/2019	Greg Eccles 99 Essex St Unit 10 Melrose, MA 02176	300	Consultant, Cyceccs Inc.
12/28/2019	MA & Northern NE Laborers' District Council 7 Laborers Way Hopkington, MA 01748	250	OCPF ID: 80479
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1195	← Enter on page 1, line 2

#### SCHEDULE A: RECEIPTS (continued)

D-4- D*	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Anivant	
[]			
Line 9: Total Rece	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		-
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1195	← Enter on page 1, line 2

#### **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
10/22/2019	Facebook	1 Hacker way Menio Park, CA 94025	Advertising	75
10/22/2019	The Tee Shirt Guy	35 Russell St Melrose, MA 02176	Banner and T-Shirts	200
10/22/2019	Newton USPS	326 Watertown St Newton, MA 02458	Stamps	280
10/23/2019	Newton USPS	326 Watertown St Newton, MA 02458	Stamps	70
10/24/2019	Connolly Printing	17 Gill St Wouburn, MA 01801	Mailer	1524.57
11/4/2019	Facebook	1 Hacker way Menio Park, CA 94025	Advertising	148.12
		Line 12: Total Expenditures ov	er \$50 (or listed above)	2297.69
		Line 13: Total Expenditures \$50	) and under* (not listed above)	80.38
	Enter on page 1, line 4 $\rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	2378.07

\* 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
		Adu i C55		
1				<b></b>
				i
				[ <u>]</u>
		Line 12: Expenditures over \$50	) (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
		Line 15. Expenditures \$50 and		
	Enton on nage 1 line A ->	Line 14. TOTAL EXPENDIT	TIRES IN THE PERIOD	

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.

#### 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
12/6/2019	Jack Eccles	99 Essex St Unit 10 Melrose, MA 02176	Website Hosting Fees & Campaign Email	68.02
11/12/2019	Jack Eccles	99 Essex St Unit 10 Melrose, MA 02176	Remaining Balance of Facebook Advertising	260.48
		Line 15: In-Kind Contribution	as over \$50 (or listed above)	
		Line 16: In-Kind Contribution	s \$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND (	CONTRIBUTIONS	328.5

\* 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.

	Form CPF M 102: Campaign Finance Report	
	Municipal Form	
Commonwealth	Office of Campaign and Political Finance CITY OF MELROSE REGISTRARS OF VOTERS	
of Massachusetts	File with Gither Town Alt In En Bion Com	mission
Fill in Reporti	ng Period dates: Beginning Date: $11/12/14$ Ending Date: $12/3/16$	
	rt: (Check one)	
8th day prece	ding preliminary 🔲 8th day preceding election 🗍 30 day after election 🗍 year-end report 🚺 dissolution	on
E-mail: Phone # (optional):	James Bewnett         Candidate Full Name (if applicable)         Cut Counselor         Office Gought and District         Sweeth Residential Address         Jim Bewnett for Melmano Com         781-454-9959	ett
	SUMMARY BALANCE INFORMATION:	
	Line 1: Ending Balance from previous report	
1	Line 2: Total receipts this period (page 3, line 11)	
1	Line 3: Subtotal (line 1 plus line 2)	
]	Line 4: Total expenditures this period (page 5, line 14)	
]	Line 5: Ending Balance (line 3 minus line 4)	
1	Line 6: Total in-kind contributions this period (page 6)	
	Line 7: Total (all) outstanding liabilities (page 7)	
	ine 8: Name of bank(s) used: Finten Bank	
activity, including all	xamined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finar contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign persons acting under the authority or on the period of this committee in accordance with the requirements of M.G.L. c. 55.	1ce
FOR CANDIDA	TE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
activity, of all poincurred any liab	we 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 ersons 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 contribu- pilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. <b>Out Committee</b>	
finance activity,	we 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 including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the e activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.	
Signed under the pe	nalfies of perjury:(Candidate's signature) Date:	

Commonwealth
of Massachusetts

Signed under the penalties of perjury:

## Form CPF M 102: Campaign Finance Report Municipal Former MELROSE VOTERS

Ofi	fice of Campaign an	4 Posteal Finance		
Commonwealth of Massachusetts		& Edition Prinance 2020 JAN 21	AM IU. 30	
Fill in Reporting Period dates: Beginning Date	e: 10.19.19	Ending Dat		erk or Election Commission
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding	election 30 day	y after election	year-end report	dissolution
Jeffrey Charles McNaught	Comm	ittee to Elect Jeffrey	C McNaught	
Candidate Full Name (if applicable) Ward 2 City Council	Kathry	n McNaught	Committee Name	
Office Sought and District 94 Clifford Street, Melrose, MA 02176	94 Cliff	Name ford Street, Melrose,	of Committee Treasurer	Γ
Residential Address E-mail: jmcnaught@cityofmelrose.org	E-mail:		mittee Mailing Address 02363367@yahoo.	com
Phone # (optional):	Phone #	(optional):		
SUMMARY I	BALANCE INFO	ORMATION:		
Line 1: Ending Balance from previous	report		1,99	94.8
Line 2: Total receipts this period (page	3, line 11)			0
Line 3: Subtotal (line 1 plus line 2)			1,94	44.8
Line 4: Total expenditures this period (	page 5, line 14)		1,135	5.53
Line 5: Ending Balance (line 3 minus li	ne 4)		809	9.27
Line 6: Total in-kind contributions this	period (page 6)		30	)2.5
Line 7: Total (all) outstanding liabilities	s (page 7)			0
Line 8: Name of bank(s) used: Northern	Bank, Melrose, MA			
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it ctivity, including all contributions, loans, receipts, expenditures, disbursem inance activity of all persons acting under the authority or on behalf of this signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate Candidate with Committee	ents, in-kind contributions committee in accordance v committee in acc	s and liabilities for this re with the requirements of (Treasurer's sig	porting period and repre M.G.L. c. 55. gnature) Date:	esents the campaign
I certify that I have examined this report including attached schedules a activity, of all persons acting under the authority or on behalf of this co incurred any liabilities nor made any expenditures on my behalf during	mmittee in accordance wit	th the requirements of M.	G.L. c. 55. I have not re	
Candidate without Committee I certify that I have examined this report including attached schedules a finance activity, including contributions, loans, receipts, expenditures, a campaign finance activity of all persons acting under the authority or of	disbursements, in-kind con	tributions and liabilities	for this reporting period	and represents the

Clicky

Date: 1.17.20

\_(Candidate's signature)

#### 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)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

#### 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	ipts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

#### **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
11.18.19	Marc Davis/Axis Promotions	78 Blanchard Road, Suite 403, Burlington, MA 01803	Hats for campaign handouts	835.53
11.18.19	Friends of Melrose Football Varsity Club	62 East Street, Melrose, MA 02176	Campaign page in MHS Football program	200
12.12.19	Committee to Elect Kate Lipper- Garabedian	21 Mystic Ave, Melrose, MA 02176	Donation to support Katie Lipper-Garabedian for MA State Representative campaign	100
	Line 12: Total Expenditures over \$50 (or listed above)			
	Line 13: Total Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1,135.53

# **To Whom Paid Date Paid** (alphabetical listing) Address **Purpose of Expenditure** Amount Line 12: Expenditures over \$50 (or listed above) Line 13: Expenditures \$50 and under\* (not listed above) Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD

#### SCHEDULE B: EXPENDITURES (continued)

#### 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
10.22.19	Maura Pelham	53 Orient Ave, Melrose, MA 02176	Campaign donation	50.42
10.17.19	Stephen McNaught	8 Philips Road, Stoneham, MA 02180	Campaign donation	252.08
t		Line 15: In-Kind Contributions	s over \$50 (or listed above)	302.5
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 $\rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS [	302.5

\* 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**

1

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
for the second s				
	Enter on page 1, line $7 \rightarrow 1$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	

	Campaign Finance Report nicipal Form CITY OF MELROSE mpaign and Political Finance EGISTRARS OF VOTERS
Commonwealth of Massachusetts	2020 JAN 21 PH 2: 06 File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: /	0/19/19 Ending Date: 12/31/19
Type of Report: (Check one)         8th day preceding preliminary         8th day preceding election	☐ 30 day after election
Sennifer Grigorain's Candidate Full Name (if applicable) <u>City LOUNCITOR Ward Co</u> Office Sought and District <u>City LOUNCITOR WARD</u> Office Sought and District <u>City LOUNCITOR WARD</u> Office Sought and District <u>City LOUNCITOR</u> MADDITC Residential Address E-mail: <u>Jangs Cognacil. Com</u> Phone # (optional):	Friends of Seminition Grigorailis Committee Name Flen Meblyrn Name of Committee Treasurer 1774 Vinton 31. Villiose, VMA 02176 Committee Mailing Address E-mail: <u>Jenfor Ward Interstores &amp; Grince</u> Phone # (optional):
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	1. 471. 33
Line 2: Total receipts this period (page 3, line 1) Line 3: Subtotal (line 1 plus line 2)	1, 576, 33
Line 4: Total expenditures this period (page 5, li	
Line 5: Ending Balance (line 3 minus line 4)	648.78
Line 6: Total in-kind contributions this period (p	bage 6)
Line 7: Total (all) outstanding liabilities (page 7	
Line 8: Name of bank(s) used: Eastern	mank
Affidavit of Committee Treasurer:         1 certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kine finance activity of all persons acting under the authority or on behalf of this committee         Signed under the penalties of perjury:       Image: Committee         FOR CANDIDATE FILINGS ONLY:       Affidavit of Candidate: (check 1)         Candidate with Committee       Image: Candidate	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: <u>1/9/2020</u>
Capdidate with Committee Fortify that I have examined this report including attached schedules and it is, to t 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	he best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ng 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 t finance activity, including contributions, loans, receipts, expenditures, disbursemen campaign finance activity of all persons acting under the authority or on behalf of t Signed under the penalties of perjury:	ts, in-kind contributions and liabilities for this reporting period and represents the

#### 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)
22-607-2019	Relacca 13 weno 39 Adams St. Bioarline 1014 02466	25.00	
22.007.2019	Amanda smith 397 Ferry St. Malden, MA 02148	\$ 25.00	
31-0ct-2019	Michele Maure 188 2. Foster St. Meliose, MA 02176	<sup>9</sup> 75.00	
3-101. 2019	Alicia Agnevii 1406 Soletto Van Ness Are. San Francisco, (19 09410	¥30.00	
Line 9: Total Recei	pts over \$50 (or listed above)	103,00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	105.00	← Enter on page 1, line 2

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			,
Line 9: Total Recei	ipts over \$50 (or listed above)	O	
Line 10: Total Rece	pipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	$\bigcirc$	← Enter on page 1, line 2

#### SCHEDULE A: RECEIPTS (continued)

#### **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	nttee name and a page number on		<u> </u>
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
19-0ct- 2019	Jennifer Grigoroit's Ie-indursement	419 Lethiner 3t. Mel 1059, MM 07.176	Stamps	\$105.00
29-0et- 2019	Senniter Gragoraitis V- inimissement	1/19 Letanon St. Melrose, VMH 02176	Nulm corts	B241.65
28- <i>0ct.</i> - 2 <i>0</i> 19	Voller's Arinters	822 Gastern Ave Fall River, MA 02723	poor nangers	\$ 552.40
Omgoing	PayPal	2211 Nº 15 5. San Joz, CA 95131	Fees	\$ 28,50
	<u> </u>	Line 12: Total Expenditures ov	er \$50 (or listed above)	927.55
		Line 13: Total Expenditures \$50	) and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	927.55

\* 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			· .	
		、 、		
		Line 12: Expenditures over \$50	) (or listed above)	0
		Line 13: Expenditures \$50 and u	under* (not listed above)	· · · · · · · · · · · · · · · · · · ·
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	$\bigcirc$

#### SCHEDULE B: EXPENDITURES (continued)

,

#### 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	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$	650 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	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.



### Form CPF M 102: Campaign Finance Report

**Municipal Form** 

Office of Campaign and Political Finance CITY CLERK MELROSE-MA 2019 DEC 5 PM2:53

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1 1 7 0	919 Ending Date: 12 5 2019
Type of Report: (Check one)	
	lay after election 🗌 year-end report 📈 dissolution
Candidate Full Name (if applicable)	nmittee to Elect Jennifer Lennnerwar John Lemmermen
Office Sought and District <u>1 Bradley Rol, 1990, 1990</u> Residential Address E-mail: 1 envifer. [emmer Men @9Mail. Com E-mail	Name of Committee Treasurer <u>Bradley 12d And Durw NUA 01810</u> Committee Mailing Address I: <u>jehyward z @ Mail. Cem</u>
	# (optional):
SUMMARY BALANCE INF	ORMATION:
Line 1: Ending Balance from previous report	1327.28
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	1327.78
Line 4: Total expenditures this period (page 5, line 14)	1327.78
Line 5: Ending Balance (line 3 minus line 4)	
<b>Line 6:</b> 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: Eastern 13	ank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my kno activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution finance activity of all persons acting under the authority or on behalf of this committee in accordance	ons and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date: 12/5/19
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 m activity, of all persons acting under the authority or on behalf of this committee in accordance v incurred any liabilities nor made any expenditures on my behalf during this reporting period that	with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of m finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind c campaign finance activity of all persons acting under the authority or on behalf of this candidat	contributions and liabilities for this reporting period and represents the e in accordance with the requirements of M.G.L. c. 55.
Signed under the penaltics of perjury:	(Candidate's signature) Date: $\frac{12517}{17}$

#### **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)
Line 9: Total Receipts over \$50 (or listed above)		0	
Line 10: Total Receipts \$50 and under* (not listed above)		$\bigcirc$	
L'ine 11: TOTAL I	RECEIPTS IN THE PERIOD	$\bigcirc$	← Enter on page 1, line 2

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

#### **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
10/7/19	Fullow Your Art		Donchon	350.00
194/19	Metrose Alliance Against Violence		Donation	500.00
5/2/19	Metrose Drama		Ad	40.00
4/22/19	Melvose Education Foundation		Donation	50-00
12/4/19	Metrose Grad Night		Donation	277.84
3 25 19	shaws		Supplies for chili challenge	109.44
	-			
		Line 12: Total Expenditures ov	er \$50 (or listed above)	1237.28
		Line 13: Total Expenditures \$50	) and under* (not listed above)	90.00
Enter on page 1, line 4 $\rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD [3]				1327.28

\* 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
				l
	Langung tengan menununununununununununununununununununu			
				[]
·				
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
		Ling 14. TOTAL EVDENDIT	UDEC IN THE DEDIOD	

Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD

#### 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 Contributi			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.

#### **SCHEDULE D: LIABILITIES**

1

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 $7 \rightarrow$ Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			1



Form CPF M 102: Campaign Finance Report

Office of Campaign and Political Financery OF HELROSE

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, MA 02108 (617) 979-8300 2020 JAN 21 PM 1:43

REGISTRARS OF VOTERS

Reporting Period: Beginning: 1/1/2019 Ending: 12/31/2019

Type of Report: 2019 Year-end Report

McAndew, Jennifer

Full Name of Candidate

Municipal, Local Filer Office Sought/ District

12 Sears Ave Melrose, MA 02176

Residential Address

McAndew Committee

Committee Name

Gemma Martin Name of Committee Treasurer

202 Bonham Road Dedham, MA 02026

Committee Address

17/2020

SUMMARY BALANCE INFORMATION	
Ending balance from previous report:	\$261.8
Total receipts this period:	\$0.0
Subtotal:	\$261.8
Total expenditures this period:	\$89.0
Ending Balance:	\$172.8
Total inkind contributions this period:	\$300.0
Total out of pocket spending this period:	\$300.0
Total outstanding liabilities:	\$0.0
Name of Bank Used:	

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, inkind 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: Q1 Treasurer's similar

#### Affidavit of Candidate (check 1 box only) :

ANE .

Candidate's signature

Candidate with Committee and no activity independent of the committee

Certify that I have examined this report, and 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 and 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, disbursements,

inkind 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 persubles of perjury:

#### 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 over \$50 and under may be added together from committee records, and reported on line 13.

Date Name and Address	Amount Purpose
4/26/2019 Friends of Melrose Drama	\$65.00 Donation
360 Lynn Fells Pkwy	
Melrose, MA 02176	
4/13/2019 Melrose Little League	\$300.00 Sponsorship
19 Linwood Avenue	
Melrose, MA 02176	
Total Itemize	ed Expenditures: \$365.00
Total Unitemize	ed Expenditures: \$24,00
Tot	tal Expenditures: \$389.00

#### Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date Name and Residential Address	Value	Description, Occupation & Employer
4/4/2019 McAndrew, Jen	\$300.00	Director of Communications, Strategy & Planning
12 Sears Ave		Tufts University0
Melrose, MA 02176		Melrose Little League Donation
Total Itemized In-kind Contributions:	\$300.00	
Total Unitemized In-kind Contributions:	\$0.00	
Total In-kind Contributions:	\$300.00	

-

#### Schedule O: Candidate Out-Of-Pocket Expenses

DateName and Address4/13/2019Melrose Little League19 Linwood AvenueMelrose, MA 02176

Amount Purpose \$300.00 Sponsorship



of Massachusetts

Candidate Out of Pocket Expenses Office of Campaign and Political Finance

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, WA 02108 (617) 979-8300

CPF ID# 16723

\$300.00

Total of Out of Pocket Expenses

4/13/2019 Date of Expenditure(s)

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political FREGESTRARS OF VOTERS				
Commonwealth of Massachusetts	r.	2020 JAN 17 AM 7:50 File with: City or Town Clerk or Election Commissio		
Fill in Reporting Period dates: Beginning Date: 1/1	/19	Ending Date: 12/31/19		
Type of Report: (Check one)				
8th day preceding preliminary   8th day preceding election	🗌 30 da	day after election 🛛 year-end report 🔲 dissolution		
Jennifer G. Razi-Thomas Candidate Full Name (if applicable)		Committee Name		
School Committee- Melrose, MA Office Sought and District 106 Walton Park, Melrose, MA 02176		Name of Committee Treasurer		
Residential Address E-mail: jenniferthomas04@yahoo.com	E-mail:	Committee Mailing Address		
Phone # (optional): 617)276-5962	- Phone #	e # (optional):		
SUMMARY BALAN	CE INF	FORMATION:		
Line 1: Ending Balance from previous report		-0-		
Line 2: Total receipts this period (page 3, line 1	1)	-0-		
Line 3: Subtotal (line 1 plus line 2)		· -0-		
Line 4: Total expenditures this period (page 5, 1	ine 14)	-0-		
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	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:				
<ul> <li>Candidate with Committee and no activity independent of the committee         <ol> <li>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.</li> </ol></li></ul> <li>Candidate without Committee OR Candidate with independent activity filing separate report         <ul> <li>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</li> </ul></li>				
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:				

Commonwealth	Office of Campaign and Political Financestry OF MELROSE REGISTRARS OF YOTERS			
of Massachusetts			2010 with NC2y br Town Rent of Election Con	mmission
Fill in Reporting Per	iod dates: Beginning Date: /-	1-19	Ending Date: 12-31-19	
Type of Report: (Ch	, 	] 30 day	after election 🛛 year-end report 🗌 dissoluti	ion
Cano Sel S5	hn Obrewski lidate Full Name (if applicable) 2001 (Omm, ilter Office Sought and District Itwlcy Road Residential Address 2005 remshi @ gunuil. (On	 E-mail: Phone # (o	Committee la Elect D4-0 Committee Name Stephense Cheffris Name of Committee Treasurer P.O. Box 768076 Hel/1030, Committee Mailing Address ptional):	
	SUMMARY BALANCI	E INFOI	RMATION:	
Line 1:	Ending Balance from previous report		1400.33	
Line 2:	Total receipts this period (page 3, line 11)		1000.00	
Line 3:	Subtotal (line 1 plus line 2)		2400.33	
Line 4:	Total expenditures this period (page 5, line	14)	104.82	
Line 5:	Ending Balance (line 3 minus line 4)		2295.51	
Line 6:	Total in-kind contributions this period (pag	je 6)	0	
Line 7:	Total (all) outstanding liabilities (page 7)	Ĩ	6939.50 Cooperatia	
Line 8:	Name of bank(s) used: Mcl.	135C	Cooperatia	
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 if accordance with the requirements of M.G.L. c. 55.         Signed under the penalties of perjury:				

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)
9/26/2019	Dhadbrowshi	\$1,000.00	City of Escett
Line 9: Total Recei	pts over \$50 (or listed above)	1000-	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1000 -	← Enter on page 1, line 2

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
9/30/19	Melrose Cooperatie	638 Main Street MeloseMA	Bank Fees	104.82
		· ·		
	· · · · · · · · · · · · · · · · · · ·			
		Line 12: Total Expenditures ove	er \$50 (or listed above)	104.82
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	104.82

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

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
		Г		
			·	
······	Line 15: In-Kind Contributions over \$50 (or listed above)		6	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	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 contributor is \$200 or more, you must also report the contributor's occupation and ampletor

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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	6939.50

Form CPF M 102: Campaign Finance Report Municipal Formerty OF MELROSE Office of Campaign and Political Folistical ARS OF VOTERS 2020 JAN 21 PM 3: 05
Fill in Reporting Period dates: Beginning Date: $\frac{10/29/2019}{10/29/2019}$ Ending Date: $\frac{12/31/2019}{12/31/2019}$
Type of Report: (Check one)         Bath day preceding preliminary       Bath day preceding election         John N. Tramontozzi       Office Zzi         City Council       Wark 1         Office Sought and District       Committee Halling Address         Phone # (optional):       Residential Address
SUMMARY BALANCE INFORMATION:Line 1: Ending Balance from previous report $334.79$ Line 2: Total receipts this period (page 3, line 11) $-0$ Line 3: Subtotal (line 1 plus line 2) $334.79$ Line 4: Total expenditures this period (page 5, line 14) $-0$ Line 5: Ending Balance (line 3 minus line 4) $3734.79$ 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: $E_{2stein}$ $E_{2stein}$ $B_{2in}$
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.       Date:       1/20/2020         FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)       Candidate with Committee       Date:       1/20/2020         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 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 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, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity, including contributions, loans, receipts, expenditures, dis

Commonwealth	Form CPF M 102: Campaign Finance Report
(Junitariwear)	
of Massachusetts	Office of Campaign and Political FinancosE CITY OF VOTERS REGISTRARS OF VOTERS

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, MA 02108 (617) 979-8300 2020 JAN 21 AM 11: 55

CPF ID# 17408

Reporting Period: Beginning: 10/19/2019 Ending: 12/31/2019

Type of Report: 2019 Year-end Report

Lipper-Garabedian, Kate Full Name of Candidate House, 32nd Middlesex

Office Sought/ District 21 Mystic Avenue Melrose, MA 02176

Residential Address

#### Lipper-Garabedian Committee

Committee Name

Lisa S. Ballew

Name of Committee Treasurer

3 Franklin Terrace

Melrose, MA 02176

Committee Address

SUMMARY BALANCE INFORMATIO	N
Ending balance from previous report:	\$6,078.76
Total receipts this period:	\$13,509.17
Subtotal:	\$19,587.93
Total expenditures this period:	\$7,524.10
Ending Balance:	\$12,063.7
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$0.00

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, inkind 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:

Uw 116 Treasurer's signatur

Jan, 11, 2020

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, and 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 and 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, disbursements.

inkind 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:

21 Dat Candidate's signature (in ink)

# 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.

Date Name and Residential Address	Amount Occupation and Employer
12/20/2019 Anderman, Jonathan	\$500.00 Attorney
30 Hanson St #3	Holland & Knight LLP
Boston, MA 02118	
12/18/2019 Baab, Molly	\$100.00 Chief Product Officer
52 Sears Ave	Business.Com
Melrose, MA 02176	
12/27/2019 Ballew, Lisa	\$200.00 Lawyer
3 Franklin Ter	Ede Inc
Melrose, MA 02176	
12/31/2019 Bell Jr-2019, Robert	\$250.00 Lawyer
173 Ashland St	Bell & Izzi LLC
Melrose, MA 02176	
12/10/2019 Bhattacharya, Radhika	\$100.00 Attorney
159 Saint Botolph St #1	Greater Boston Legal Services
Boston, MA 02115	
12/27/2019 Boyle, Tom	\$1,000.00 Sales
506 Princeton Gate Court	Enterprise
Chesterfield, MI 63017	
12/27/2019 Brown, Blair	\$200.00 Chief of Staff
24 Mountwood Rd	Commonwealth of Massachusetts
Swampscott, MA 01907	
12/20/2019 Caggiano, Mary	\$150.00 Not Employed
20 Emeline St	Not Employed
Woburn, MA 01801	
12/27/2019 Chen, Julia	\$100.00 Attorney
39 Woodland Ave	General Electric
Meirose, MA 02176	

12/20/2019 Committee To Elect Christopher C. Cinella	\$100.00
69 Cranmore Lane	
Melrose, MA 02176	
12/20/2019 Committee To Elect Jeffrey McNaught	\$100.00
94 Clifford St	
Melrose, MA 02176	
12/18/2019 Cormier, Amanda	\$25.00 Not Employed
299 Grove St	Not Employed
Melrose, MA 02176	· · · · · · · · · · · · · · · · · · ·
11/12/2019 Early, Shane	\$500.00 General Counsel
30 Temple St	Dept Public Utilities
Boston, MA 02114	
11/7/2019 Edds, Margaret	\$500.00 Retired
3135 Grove Ave	Retired
Richmond, VA 01254	
12/17/2019 Fates, Linda	\$200.00 Retired
48 Skytop Road	Retired
Ipswich, MA 01938	
12/31/2019 Ferraro, Luke	\$500.00 Research
1 Doubletree Lane	Montea Group
De Peres, MO 63131	
12/13/2019 Fridge, Jessica	\$100.00 Epidemiologist
224 S Solomon St	Office of Public Health
New Orleans, la 70119	
12/20/2019 Garabedian, Dawna	\$500.00 Retired
222 Apache Way	Retired
Tewksbury, MA 01876	Kultu
12/31/2019 Garabedian, Paul	\$150.00
414 Mount Auburn St	\$150.00
Watertown, MA 02472	
12/20/2019 Garrett, Betsy	\$50.00 Not Employed
70 Ardsmoor Rd	Not Employed
	Not Employed
Melrose, MA 02176	\$200.00 D-time4
12/20/2019 Greski, Rick	\$300.00 Retired Retired
23 Brazil St	Remen
Melrose, MA 02176	0100 00 011 - C CUM
12/27/2019 Grigoraitis, Jennifer	\$100.00 Chief of Stff
419 Lebanon St	MOVA
Melrose, MA 02176	
12/10/2019 Hagan, Katherine	\$100.00 Associate
1306 South St	RPK Group
Durham, NC 27707	
12/13/2019 Levine, Rebecca	\$200.00 Legal Recruiter
21765 Westmont Ct	BCG
Boca Raton, FL 33428	
12/27/2019 Lewis, Lisa	\$100.00 Coordinator
18 Pine St	The Bridge
Melrose, MA 02176	
10/25/2019 Lieberman, Elliot	\$1,000.00 Retired
106 Oakdale Rd	Retired
Baltimore, MD	

11/7/2019 Lipper, Bob	\$500.00 Retired
3135 Grove Ave	Retired
Richond, VA	
12/1/2019 Lipper-Garabedian, Kate	\$1,000.00 Chief Legal Counsel
21 Mystic Ave	Massachusetts Executive Office of Education
Melrose, MA 02176	
12/27/2019 Lord, Arthur	\$75.00 Advisor
2617 E Randolph Ave	Død
Alexandria, VA 22301	
12/20/2019 McAndrew, Jennifer	\$100.00
12 Sears Ave	
Melrose, MA 02176	
12/20/2019 Moore, Paul	\$100.00
35 Laurel St	
Melrose, MA 02176	
12/20/2019 Mortimer, Peter	\$110.00
48 Mt. Hood Terr	
Melrose, MA 02176	
12/18/2019 Murphy, Michael	\$100.00 Attorney
66 Watervale Rd	K&l Gates
Medford, MA 02155	
12/20/2019 Murphy, Nicholas	\$250.00 VP Sales
121 Conant Road	Brian Murphy Group
Melrose, MA 02176	
12/13/2019 Myers, Annie	\$500.00 Not Employed
1601 Reliez Valley Rd	Not Employed
Lafayette, CA 94549	
12/13/2019 Nichols, Michael	\$250.00 Executive Director
120 Mountfort St Unit 101	Esplanade Association
Boston, MA 02215	
12/20/2019 Peterson, Gayle	\$100.00 RN
20 Sargent St	MGH
Melrose, MA 02176	
12/31/2019 Polo, Alan	\$200.00 Sales & Trading
44 Doubling Rd	Alliance Bernstein
Greenwich, CT 06830	
12/13/2019 Pritchard, Robert	\$100.00 Architect
88 Shadbush Way	Jp2 Architects
Arnold, MD 21012	·
12/10/2019 Pudelski, Sasha	\$250.00 Lobbyist
1909 Main Line Blvd Unit 102	AASA
Alexandria, VA 22301	
12/31/2019 Reale, Ann	\$100.00 Manager
1597 Washington St #503	Commonwealth of Massachusetts
Boston, MA 02118	
12/27/2019 Salomon, Nina	\$100.00 Deputy Program Director
11285 Market St	Council of State Governments
Fulton, MD 20759	
12/27/2019 Sande, Margaret	\$100.00 ER
1975 Pheasant Lane	UVA
Charlottesville, VA 22901	

12/18/2019 Sherman, Meredith		\$100.00	Nurse Practioner
2000 Thorncrag Lane			Bon Secours Mercy Health
Midlothian, VA 23112			
12/20/2019 Spatola, David		\$200.00	Owner
22 Shoalcreek Rd			Enviro Tech Pest Control
Hudson, NH 03051			
12/18/2019 Stewart, Robb		\$100.00	Sales Executive
92 Trenton St			IQVIA
Melrose, MA 02176			
12/18/2019 Tierney, James		\$200.00	Managing Director
64 Garfield St			JLL
Melrose, MA 02176			
12/18/2019 Vujanic, Anica		\$200.00	Store Owner
677 Massachusetts Ave			Tadpole
Boston, MA 02118			
12/10/2019 Winnick, Steve		\$100.00	Attorney
4514 Connecticut Ave Nw			Nelson Mullens Riley
Washington, DC 20008			
12/10/2019 Yeager, Margery		\$100.00	Partner, Advocacy
5332 Sherier Pl Nw			Education Forward Dc
Washington, DC 20016			
	<b>Total Itemized Receipts:</b>	\$11,843.17	
	<b>Total Unitemized Receipts:</b>	\$1,666.00	
	<b>Total Receipts:</b>	\$13,509.17	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date Name and Address	Amount Purpose
12/10/2019 ActBlue	(\$29.64) Processing Fee
12/13/2019 Actblue	(\$63.25) Processing Fee
12/18/2019 ActBlue	(\$45.46) Processing Fee
12/27/2019 Actblue	(\$78.48) Processing Fee
12/27/2019 Ck Strategies	\$1,211.82 Design/printing
15 Broad St Ste 610	
Boston, MA 02108	
10/21/2019 Connolly Printing	\$786.25 Printing
17 Gill St	
Woburn, MA 01801	
11/14/2019 Connolly Printing	\$2,774.57 Printing
17 Gill St	
Woburn, MA 01801	
12/12/2019 Dockside	\$282.00 Kick Off Catering
1099 Main St	2
Wakefield, MA 01880	
12/3/2019 Massachusetts Democratic Party	\$1,250.00 Votebuilder
11 Beacon St	·
Boston, MA 02108	

11/6/2019 Melrosc Diner		\$137.00 Breakfast For Poll Volunteers
44 W Wyoming Ave		
Melrose, MA 02176		
12/13/2019 Melrose Weekly News		\$200.00 Advertising
26 Albion St		
Wakefield, MA 01880		
11/25/2019 Squarespace		\$212.93 Website
8 Clarkson St		
Ny, NY 10012		
12/27/2019 Squarespace		\$6.37 Website
8 Clarkson St		
Ny, NY 10012		
11/15/2019 Tdm Photography	· · · · · · · · · · · · · · · · · · ·	\$475.00 Photography
323 Grove St		
Melrose, MA 02176		
	Total Itemized Expenditures:	\$7,335.94
	Total Unitemized Expenditures:	\$188.22
	Total Expenditures:	\$7,524.16

Mur Mur	Campaign Finance Report nicipal Form npaign and Political Finance 2020 JAN 17 AM 9:53
of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Decer	ember 6, 2019 Ending Date: January 17, 2020
Type of Report: (Check one)         8th day preceding preliminary         8th day preceding preliminary	☐ 30 day after election ⊠ year-end report ☐ dissolution
Leila Migliorelli Candidate Full Name (if applicable) City Councilor: At-Large	Committee to Elect Leila Migliorelli Committee Name Michael A. Stankavish
Office Sought and District 25 Dartmouth Road, Melrrose, MA 02176 Residential Address	Name of Committee Treasurer 610-A Main Street, Melrose, MA 02176 Committee Mailing Address E-mail: m.stankavish@gmail.com
E-mail: leilabsm@gmail.com Phone#(optional): (617) 470-5338	E-mail:         III. Scankavisnegmail.com           Phone # (optional):         (781) 281-6082
SUMMARY BALANC	
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11)	844.49
Line 3: Subtotal (line 1 plus line 2)	844.49
Line 4: Total expenditures this period (page 5, lin	ne 14) 10.61
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pa	age 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Eastern Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best 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:	I contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	box only)
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	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ng 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 the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of th	ts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: Jan 17, 2020

# 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)
		······································	
- -			
			·
Line 9: Total Rece	ipts over \$50 (or listed above)	0	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	0	
Line 11: TOTAL	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.

	Name and Residential Address	<b>A</b>	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	[		
			· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·			
		L	
[]		L	<u>  [</u>
Line 9: Total Rece	ipts over \$50 (or listed above)		-
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

# SCHEDULE A: RECEIPTS (continued)

\* 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
Dec 29, 2019	Mail Chimp	675 Ponce De Leon Ave NE Suite 500, Atlanta, GA 30308		10.61
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	10.61
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	0
	Enter on page 1, line 4 $\rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	10.61

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				<u>  [</u>
		Line 12: Expenditures over \$5	0 (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	

## SCHEDULE B: EXPENDITURES (continued)

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.

# 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*	<b>Residential Address</b>	Description of Contribution	Value
	[]			
				[]
	[]			
	,			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 $\rightarrow$	Line 17: TOTAL IN-KIND C	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.

# **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 $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0

File with: Director Office of Campaign and Political Finance Dne Ashburton Place Rm. 411 Boston, MA 02108 (617) 979-8300

Reporting Period: Beginning: 12/6/2019 Ending: 12/31/2019

2020 JAN 21 AM 8: 52

CITY OF MELROSE REGISTRARS OF VOTERS

\$10.00

\$0.00

\$0.00 \$0.00

\$388.55

CPF ID# 17115

Type of Report: 2019 Year-end Report

#### DeSelm, Lizbeth Celeste

Full Name of Candidate

Municipal, Local Filer Office Sought/ District

33A South High Street Melrose, MA 02176 Residential Address

DeSelm Committee

Committee Name

Elizabeth Benagh Name of Committee Treasurer

333 South Street, Unit A Melrose, MA 02173

Committee Address

# SUMMARY BALANCE INFORMATION

\$1,517.56 Ending balance from previous report: Total receipts this period: \$1,527.56 Subtotal: Total expenditures this period: \$1,527.56 Ending Balance: Total inkind contributions this period: Total out of pocket spending this period: Total outstanding liabilities: Name of Bank Used:

#### 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, inkind 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:

s signature (in ink) Treasurer

15 Jan 2020

Bate 21 JAN 2020

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, and 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 and 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, disbursements,

inkind 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:

# 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.

Date Name and Residential A	Address
······································	
	Total Itemized Recei

Amount	<b>Occupation and Employer</b>
\$0.00	
\$10.00	
\$10.00	

Total Itemized Receipts: Total Unitemized Receipts: Total Receipts: M.G.L. C. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date	To Whom Due	Reduction	Loan Amount Purpose
12/5/2019	DeSelm, Lizbeth Celeste		\$388.55
	33A South High Street		
	Melrose, MA 02176		
	Outstanding Liabilities:		\$388.55

Commonwealth of Massachusetts		Munic	Campaign Finance Repo ipal Form m and Political Finance	CITY OF MELROSE REGISTRARS OF VOTERS
City or Town of:	Mulpose MA			Pleas202011. DAND= 81 inform Biom Gcept signatures.
Reporting Period:	Beginning:	10/19/19 (MM/DD/YYYY)	Ending:	9 12/31/19 (MM/DD/YYYY)
Type of Report: (Ch	neck One)		107 10000000000000000000000000000000000	
8th day precedir	ng preliminary/primary 🗌 8th	day preceding election 🛛 🗍 30th day fo	ollowing election (town or special)	🔀 20th day of January (Year-End report)
<ol> <li>2. I certify that</li> <li>3. I certify that</li> </ol>	I am a candidate for or currently ho I have not received any contributio I do not have a political committee	ns, made any expenditures, or incurred any 	RESIDENTIAL ADDRES	
DATE	PRINT NAME	Signed under the penalties of perju		OFFICE SOUGHT
				22 School Cononityce



# Form CPF M 102: Campaign Finance Report Municipal Form CITY OF HELROSE

	PAGE AND I ON REGISTRARS OF VOTERS
Commonwealth of Massachusetts	2020 JAN 17 AM 9: 02 File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/1/19	
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election X year-end report dissolution
Mark E. Askenazy	Completes to Elect Mark Aslanzy
Candidate Full Name (if applicable)	Committee to Elect Mark Askenzy Committee Name
Alderman at Large	Daniel C. Fusco
Office Sought and District	Name of Committee Treasurer
100 Vinton St., Melrose, Ma. 02176	100 Vinton St., Melrose, Ma. 02176
Residential Address	Committee Mailing Address
E-mail:	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANCE	
Line 1: Ending Balance from previous report	\$43.00
Line 2: Total receipts this period (page 3, line 11)	\$0.00
Line 3: Subtotal (line 1 plus line 2)	\$43.00
Line 4: Total expenditures this period (page 5, line	\$0.00
Line 5: Ending Balance (line 3 minus line 4)	\$43.00
Line 6: Total in-kind contributions this period (pag	ge 6) \$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00
Line 8: Name of bank(s) used: Eastern Bank	
ifidavit of Committee Treasurer:	
certify that I have examined this report including attached schedules and it is, to the best or ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co inance activity of all persons acting under the authority or on behalf of this committee in ac	ontributions and liabilities for this reporting period and represents the campaign
igned under the penalties of perjury:	(Treasurer's signature) Date: 1/17/20
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee	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 acco incurred any liabilities nor made any expenditures on my behalf during this reporting p	ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
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 candidate in accordance with the requirements of M.G.L. c. 55.

	s	igned under the penalties of perjury:	lark	askenazy	(Caudidate's signature)	Date: 1/17/20
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of Massachusetts

Form CPF M 102: Campaign Finance Report Office of Campaign and Politica (Finance ROSE MEGISTRARS OF VOTERS

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, NA 02108 (617) 979-8300

Reporting Period: Beginning: 10/29/2019 Ending: 12/31/2019

Type of Report: 2020 Year-end Report

Garipay, Mark D.

Full Name of Candidate

Municipal, Local Filer Office Sought/ District

> 71 Mooreland Road Melrose, MA 02176

Residential Address

2020 JAN 17 AM 9: 02

CPF ID# 17379

Garipay Committee
Committee Name

Andrea Garipay

Name of Committee Treasurer

71 Mooreland Road Melrose, MA 02176

Committee Address

Ending balance from previous report:	\$9,932.39
Total receipts this period:	\$300.00
Subtotal:	\$10,232.39
Total expenditures this period:	\$2,604.93
Ending Balance:	\$7,627.46
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$0.00

#### 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, inkind 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:

Ŷĸ. signature (in ink) Treasurer

#### 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, and 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 and 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, disbursements,

inkind 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:

.

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.

Date	Name and Residential Address		Amount	Occupation and Employer
11/4/2019	Driscoll, David		\$100.00	Retired
	32 Conrad Rd.			Retired
	Melrose, MA 02176			
11/2/2019	O'Bremski, John		\$50.00	
	55 Hawley Rd.			
	Melrose, MA 02176			
10/30/2019	Pellegrino, Joann		\$100.00	
	143 East Emerson St.			
	Melrose, MA 02176			
10/30/2019	Welch, John		\$50.00	
	20 Boltoph St.			
	Melrose, MA 02176			
		<b>Total Itemized Receipts:</b>	\$300.00	
	5	<b>Fotal Unitemized Receipts:</b>	\$0.00	
		<b>Total Receipts:</b>	<u>\$300.00</u>	

# Schedule B: Expenditures

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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 over \$50 and under may be added together from committee records, and reported on line 13.

Date Name and Address 11/5/2019 621 Tavern and Grill		<u>Amount</u> <u>F</u> \$96.62 I	<u>'urpose</u> .unch/pizza For Election Day
621 Braodway St.		φ <b>σ</b> στα 1	anom preze i or inconon isay
Malden, MA 02148			
10/31/2019 Cambridge Repro-gra	phics	\$559.14 E	Door Hangers and Banner
21 McGrath Highway			
Somerville, MA 02143			
10/31/2019 Cambridge Repro-grap	ohics	\$1,045.50 V	Vard Mailers
21 McGrath Highway			
Somerville, MA 02143			
11/5/2019 Giacomo's		\$143.50 E	lection Night Campaign Event
454 Main St.			
Melrose, MA 02176			
11/5/2019 Giacomo's		\$668.17 E	lection Night Campaign Event
454 Main St.			
Melrose, MA 02176			
12/19/2019 Melrose Emergency Fu	nd	\$50.00 D	onation
562 Main St.			
Melrose, MA 02176			
10/29/2019 Us Postal Service		\$42.00 S	tamps
23 Essex St			1 ·
Melrose, MA 02176			
	Total Itemized Expenditures:	\$2,604.93	
	Total Unitemized Expenditures:	\$0.00	
	Total Expenditures:	\$2,604.93	

# Form CPF M 102: Campaign Finance Report CITY OF MELROSE Municipal Form REGISTRARS OF VOTERS

**Municipal Form** 

Office of Campaign and Political Finance

2020 JAN 21 AM 11: 03

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Reporting Period Beginning	1/1/2019	Ending:	12/31/2019		
Type of report: Year-end					
Mary Beth McAt	teer-Margolis		Committee to	o Elect McAteer-Margolis	
Full Name of (	Candidate			Committee Name	
Alderman a	ıt Large		Kat	hleen McCarron	
Office Sought	/ District		Name	of Committee Treasurer	
22 Stowecroft Road, N	felrose, MA 0217	6	24 Elmcrest (	Circle, Melrose, MA 02176	
Residential A	Address		Com	nittee Mailing Address	
	SUMMARY	BALANCE	INFORMATIO	ON	
Line 1: End	ling balance from	n previous repo	rt:	\$507.38	
	al receipts this p			\$0.00	
Line 3: Sub	total (line 1 plus	s line 2)		\$507.38	
Line 4: Tota	al expenditures (	this period (Sch	edule B)	\$0.00	
Line 5: End	ling balance (lin	e 3 minus line 4)		\$507.38	
Line 6: Tota	l in-kind contribu	ations this period	(Schedule C)	\$0.00	
Line 7: Tota	l (all) outstandin	g liabilities (Sche	edule D)	\$0.00	
Line 8: Name of bank(s) used Eastern			Bank		
Affidavit of Committee Treasurer: I certify that I have examined this report includie including all contributions, loans and receipts, e of all persons acting under the authority or on b	xpenditures, disbursements chalf of this committee in a	, in-kind contributions and ccordance with the require	liabilities for this reporting period nents of M.G.L. c. 55.	plete statement of all campaign finance activity d and represents the campaign finance activity	
Treasurer's signature (in ink)	Mel	Signed under the penal	ties of perjury:	1/14/2020 Date	
Affidavit of Candidate (check 1 box o	only)				
Candidate with Committee an no activity independent of the committee. I certify that I have examined this report, and 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	R Candidate with inde	pendent activity filing	separate report.		
I certify that I have examined this report, and 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 athe 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.					
ManBett	WAter	Signed under the pena	lítics of perjury: NS	1-20-2020	
Candidate's signature (in ink)	-	- ()		Date	

# 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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Residential Address	Amount	Purpose
		\$0.00	
	Line 12: Expenditures over \$50	\$0.00	
	Line 13: Expenditures \$50 and under	\$0.00	
	Line 14: Total Expenditures in the period	\$0.00	

ł

# 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	<b>Description/ Occupation and Employer</b>
		\$0.00	
Lir	ne 15: Total in-kind listed above	\$0.00	
Lir	ne 16: Total in-kind not listed above	\$0.00	
Lii	ne 17: Total in-kind in the period	\$0.00	

# **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 the liabilities incurred during this reporting period.

Date Incurred To Whom Due	Amount	Purpose
	\$0.00	

Line 18: Outstanding liabilites (ALL)

\$0.00

# Schedule EA: Assets Acquired

Date Acquired	Asset description & location	Amount	Manner Acquired
		\$0.00	

Total Assets listed above

\$0.00

J.

# Schedule ED: Assets Disposed

Date Disposed	Asset description	Disposed To:	Value	Manner Disposed
			\$0.00	
		Total Assets listed above	\$0.00	

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\$

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Final JY OF MELROSE REGISTRARS OF VOTERS						
Commonwealth of Massachusetts	2020 JAN 15 PM 3: 23 File with: City or Town Clerk or Election Commission					
Fill in Reporting Period dates: Beginning Date: Oct 19	9, 2019 Ending Date: Dec 31, 2019					
Type of Report: (Check one)						
8th day preceding preliminary   8th day preceding election	☐ 30 day after election					
Maya Jamaleddine	Committee to Elect Maya Jamaleddine					
Candidate Full Name (if applicable)	Committee Name					
City Council Office Sought and District	Joshua Robbins Name of Committee Treasurer					
10 Melrose St. Melrose, MA 02176	10 Melrose St. Melrose, MA 02176					
Residential Address	Committee Mailing Address					
E-mail: mayaformelrose@gmail.com	E-mail: mayaformelrose@gmail.com					
Phone # (optional):	Phone # (optional):					
SUMMARY BALANC	E INFORMATION:					
Line 1: Ending Balance from previous report	1,516.02					
Line 2: Total receipts this period (page 3, line 11)	961.34					
Line 3: Subtotal (line 1 plus line 2)	2,477.36					
Line 4: Total expenditures this period (page 5, line	e 14) 2,102.92					
Line 5: Ending Balance (line 3 minus line 4)	374.44					
Line 6: Total in-kind contributions this period (pag	ge 6) 0					
Line 7: Total (all) outstanding liabilities (page 7)	750					
Line 8: Name of bank(s) used: Rockland Trust						
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, disbugements, 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: 						
<ul> <li>FOR CANDIDATE FILINGS ONLY: Addavit of Candidate: (check 1 box</li> <li>Candidate with Committee         <ul> <li>I certify that I have examined this report including attached schedules and it is, to the I activity, of all persons acting under the authority or on behalf of this committee in account incurred any liabilities nor made any expenditures on my behalf during this reporting performance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this</li> </ul> </li> </ul>	best 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 that are not otherwise disclosed in this report. 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					
Signed under the penalties of perjury:	(Candidate's signature) Date: $\frac{1/5/2020}{20}$					

# 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)
Oct 21, 2019	Afroz Kahn 85 Prospect St. Newburyport, MA 01950	100	
Oct 22, 2019	Aijaz Baloch 229 Woodcliff Road Newton MA 02461	50	
Oct 19, 2019	Christina Eckert 14 Annas Way Boxford MA 01921	50	
Oct 20, 2019	Eileen Hamblin 150 Youle St. Melrose MA 02176	150	· ·
Oct 20, 2019	Erin Zwirko 100 Derby Rd. Melrose MA 02176	50	
Oct 22, 2019	Jennifer Blackmon 17 Aborn Avenue Wakefield MA 01880	50	
Oct 21, 2019	Margot Fleischman 145 Page Road Bedford MA 01730	50	
Oct 21, 2019	Mehreen Butt 894 Main Street Unit 10 Wakefield MA 01880	50	
Oct 21, 2019	Shagufta Saeed 8 oak street Lynnfield MA 01940	50	
Line 9: Total Recei	pts over \$50 (or listed above)	600	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	361.34	
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	961.34	← 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.

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

# SCHEDULE A: RECEIPTS (continued)

7

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# **To Whom Paid** Date Paid **Purpose of Expenditure** (alphabetical listing) Address Amount Line 12: Expenditures over \$50 (or listed above) Line 13: Expenditures \$50 and under\* (not listed above)

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

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.

### 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	
	· · · · · · · · · · · · · · · · · · ·				
* <b>1</b> *	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 $6 \rightarrow 1$	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.

### **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
Mar 5, 2018	Maya Jamaleddine	10 Melrose St. Melrose, MA 02176	Campaign Training	750
		· ·		
E	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	

Middaselluctis       REGISTING OF MALL STATUS         Fill in Reporting Period dates:       Beginning Date:       1112019       Beginning Control of Status         Fill day preceding perliminary       Bith day preceding election       30 day after election       12 Data       2019         Name of Report:       Check one)       Bith day preceding election       30 day after election       Marcus       Election       dissolution         Name of Check one)       Bith day preceding election       30 day after election       Marcus       Check one)         Ald Carry one       Consider that Marcus       Marcus       Check one)       Marcus       Check one)         Marcus       Consider that Marcus       Marcus       Check one       Dissolution         Marcus       Consider that Marcus       Marcus       Dissolution       Marcus       Dissolution         Marcus       Consider that Marcus       Dissolution       Dissolu	Form CPF M 102:	Campaign Finance Report
Connormatic         Mass Connormatic         Connormatic      <	Mu	nicipal Form
Standards       Standards       Standards         Standards       Standards       Standards       Standards       Standards         Standards       Standards       Standards       Standards       Standards       Standards         Standards	Office of Can	npaign and Political Finance
File of the optimized and the second and the second and provide the optimized and provide the optimized and provide the second and provide and	Commonwealth of Massachusetts	REGISTRARS OF VOTERS
Bit day preceding preliminary       Bit day preceding election       30 day after election       year-end report       dissolution         Nancy Lewis       Conduct subscription       Conduct subscription       Conduct subscription       Conduct subscription       Conduct subscription         143 Lawrel       Markey Lewis       Conduct subscription       Conduct subscripin subscription       Conduct sub		
Bit day preceding preliminary       Bit day preceding election       30 day after election       year-end report       dissolution         Nancy Lewis       Conduct subscription       Conduct subscription       Conduct subscription       Conduct subscription       Conduct subscription         143 Lawrel       Markey Lewis       Conduct subscription       Conduct subscripin subscription       Conduct sub	Type of Report: (Check one)	
MARCY Lewis       Marcy Lewis         Alder many       Ward Lewis         Alder many       Ward Lewis         143 Laurel       Marcy Lewis         144 Laurel       Marcy Lewis         145 Laurel       Marcy Lewis         145 Laurel       Marcy Lewis         145 Laurel       Marcy Lewis         146 Line 1:       Marcy Lewis         146 Line 2:       Total receipts this period (page 3, line 11)         146 Line 3:       Subtotal (line 1 plus line 2)         146 Line 4:       Total in-kind contributions this period (page 6)         146 Line 6:       Total in-kind contributions this period (page 6)         146 Line 7:       Total (all) outstanding liabilities (page 7)         146 Line 8: Name of bank(s) used:       Marcy Lewis         150 CR CANDIDATE FULNCS ONLY: Atflavit of Caudifus the order of able of point or on the atflavit of Caudifus debalas and it is, to the best of my knowledge and bilef, a true and complete statement of all campaign finance cirity, inciding attacked schedules and it is, to the best of my knowledge and bilef, a true and complete statement of all campaign finance cirity, inciding attacked schedules and it is, to the best of my knowledge and bilef, a true and com		☐ 30 day after election 🕅 year-end report 🗌 dissolution
A der man Ward de 143 laurel Ward werden besternen der sonnen de	Nancy Lewis	Nancy Lewis Ward & Alderman
143 Laurel St. Melawe Ma Reidentia Madress       07111         E-mail:       Melawe Ma Reidentia Madress       07101         E-mail:       Melawe Malling Address       07101         E-mail:       Melawe Malling Address       07101         E-mail:       Melawe Malling Address       07100         SUMMARY BALANCE INFORMATION:       10000       00000         Line 2:       Total receipts this period (page 5, line 11)       100000         Line 3:       Subtotal (line 1 plus line 2)       10000000       10000000         Line 4:       Total expenditures this period (page 5, line 14)       50000000000       1000000000000000000000000000000000000	Alderman, Wardle	Kristin Bremberg
E-mail:       M&WS14366 gbm21.00m         Phone # (optional):       (g) - (	143 Laurel St melowe ma	510 Felloview Ter #515 Stoneham MA
Summary Balance from previous report         Line 1: Ending Balance from previous report		E-mail: Krishrem@yahoo.com
Line 1: Ending Balance from previous report	Phone # (optional): $(e) - 4e = 608$	Phone # (optional): 781-771-7700
Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Control of all persons acting under the adhoring of policy balar object of this compiler on the line of periods of this compiler on the line of this compiler of this compiler on the line of this compiler of this compiler on the line of this compiler of this compiler on the line of this compiler of this compiler on the line of this compiler of this compiler on the line of this compiler of this compiler on the line of this compiler of this compiler on the line of this compiler of this compiler on the line of this compiler of the line conduce with the requirements of M.G.L. c. SS. Condidate with Commiltee Condidate with Commiltee Condidate with Commiltee Condidate on the sequence on the line of this compiler on the line of this compiler of the conting the conduces and this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all compaging finance activity, of all persons acting under the adhord or this compiler the accordance with the requirements of M.G.L. c. SS. Condidate with Commiltee Condidate with Commiltee Condidate with Commiltee Condidate at the period control of this compiler on the contrevente of the control of	SUMMARY BALANC	CE INFORMATION:
Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used:	Line 1: Ending Balance from previous report	637.54
Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Midavit of Committee Treasurer: 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. 5S. I have not received any contributions, incurred any labilities nor made any expenditures on my behalf during this reporting period flat are not otherwise disclosed in this report. Candidate with Committee Candidate with	Line 2: Total receipts this period (page 3, line 11)	
Line 5: Ending Balance (line 3 minus line 4)       582,554         Line 6: Total in-kind contributions this period (page 6)	Line 3: Subtotal (line 1 plus line 2)	
Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Windavit of Committee Treasurer: 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 etivity, 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 inaccordance with the requirements of M.G.L. c. 55. Date: Candidate with Committee Candidate with the requirements of M.G.L. c. 55. Candidate can be all of this committee in accordance with the requirements of M.G.L. c. 55. Candidate can be all of this committee in accordance with the requirements of M.G.L. c. 55. Candidate can be all of this candidate in accordance with the requirements of M.G.L. c. 55. Candidate can be all of this candidate in accordance with the requirements of M.G.L. c. 55. Candidate cand	Line 4: Total expenditures this period (page 5, lin	ne 14) 55.00
Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used:	Line 5: Ending Balance (line 3 minus line 4)	582.54
Line 8: Name of bank(s) used:	Line 6: Total in-kind contributions this period (pa	age 6)
Affidavit of Committee Treasurer:         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 etivity, 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 infaccordance with the requirements of M.G.L. c. 55.         Bigned under the penalties of perjury:       Date: 1212320         COR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)       Date: 121330         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.         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.         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 ontributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity o		
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 certivity, 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 inaccordance with the requirements of M.G.L. c. 55. <b>Con CANDIDATE FILINGS ONLY:</b> 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 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 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting 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 the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, rec	Line 8: Name of bank(s) used:	
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 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 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 candidate in accordance with the requirements of M.G.L. c. 55. Marchauter Marchauter Marchaut	activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
<ul> <li>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 that are not otherwise disclosed in this report.</li> <li>Candidate without Committee         <ul> <li>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 candidate in accordance with the requirements of M.G.L. c. 55.</li> </ul> </li> </ul>	FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
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 candidate in accordance with the requirements of M.G.L. c. 55. $M_{-} = M_{-} + M_{-} $	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 activity.	cordance with the requirements of M.G.L. c. 55. I have not received any contributions,
igned under the penalties of perjury: Manay M. Lewis (Candidate's signature) Date: 1/21/2020	Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements	e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the
	Signed under the penalties of perjury: <u>Manay</u> M. Lau	$\frac{\pi \lambda}{(\text{Candidate's signature})} \text{ Date: } \frac{1/21/2020}{1/2020}$

### **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)
1			
	· ·		
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

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

### **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
2/28/19	Pockland Thust		Dormant	5-
3/29/19	11		Ч	5-
4/30/19	Ц		L	5-
5/31/101	h		4	5-
6/28/19	21		М	5-
73/19	ر ۲		Ľ <sub>l</sub>	5-
8/22)14	<i>د</i> ا .		(,	5-
9/30/M	/		t ,	6-
10/21/19	1		( ,	5-
11/29/14	()		l (	5-
12/31/19	()		[ / ]	5-
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	) and under* (not listed above)	59- 59-
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	69-

\* 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
			· · · · · · · · · · · · · · · · · · ·	
		Line 12: Expenditures over \$50	) (or listed above)	
		Line 13: Expenditures \$50 and	under* (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.

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### 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*	<b>Residential Address</b>	Description of Contribution	Value
				· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·				
				·
		[]		
L	L	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

\* 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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	

	Form CPF M 102: Mun Office of Cam			nance Repor	
Commonwealt of Massachuset				2020 JAN -2 PM 2	
Fill in Rep	porting Period dates: Beginning Date: $5/a$	/19	Ending	File with: City or Town Clear         Date: $12/31/11$	<u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
Type of R	eport: (Check one)				
🗌 8th day j	preceding preliminary 28th day preceding election	🔲 30 day	y after election	X year-end report	dissolution
	Candidate Full Name (if applicable)	$\left[ \begin{array}{c} C \\ D \end{array} \right]$		050 Committee Name + Ellen M° (	· / _
	Office Sought and District	Do	Na	me of Committee Treasurer	/
	Residential Address	<u>F0</u>	C	ommittee Mailing Address	
E-mail: Phone # (option	nal):	E-mail: Phone # (	(optional);	- CAlumni, PSU.	cau
Г	SUMMARY BALANC	E INFO	RMATION:		
	Line 1: Ending Balance from previous report			5152.12	
	Line 2: Total receipts this period (page 3, line 11)		E	140,00	
	Line 3: Subtotal (line 1 plus line 2)		C	5292.12	
	Line 4: Total expenditures this period (page 5, line	e 14)	r	292.12	
	Line 5: Ending Balance (line 3 minus line 4)			Ø	
	Line 6: Total in-kind contributions this period (page	ge 6)			
	Line 7: Total (all) outstanding liabilities (page 7)			Ø	
	Line 8: Name of bank(s) used: Easters B	onk			
ertify that I h tivity, includin nance activity gned under f OR CAND Candidate	mmittee Treasurer:         ave examined this report including attached schedules and it is, to the best         ng all contributions, loans, receipts, expenditures, disbursements, in-kind c         of all persons acting under the authority or on behalf of this committee in a         he penalties of perjury:         DIDATE FILINGS ONLY:         Affidavit of Candidate: (check 1 box         with Committee and no activity independent of the committee         at 1 have examined this report including attached schedules and it is, to the         all persons acting under the authority or on behalf of this committee in access	contributions accordance v x only) best of my k	and liabilities for thi with the requirements (Treasurer)	s reporting period and repress of M.G.L. c. 55. s signature) Date: 	nt of all campaign finance
incurred an Candidate I certify tha finance acti	without Committee <u>OR</u> Candidate with independent activity filing set at 1 have examined this report including attached schedules and it is, to the ivity, including contributions, loans, receipts, expenditures, disbursements, inance activity of all persons acting under the authority or on behalf of this	period, parate repor best of my k , in-kind con	rt nowledge and belief, tributions and liabilit	, a true and complete stateme ies for this reporting period a le requirements of M.G.L. c.	nt of all campaign nd represents the
igned under fl	he penalties of perjury:		(Candidate	's signature) Date:	A

) Etransfildeler i

#### **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)
	F		
Line 9: Total Receip	pts over \$50 (or listed above)	Ø	
Line 10: Total Recei	pts \$50 and under* (not listed above)	14000	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	140,00	← Enter on page 1, line 2

#### **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
On-going	Pay Pal	2211 N. First St. San Jose, CA 95131	Ciedia Cord Processing Fees	1,98
7/15/19	Town of Melrose (MA) Emergency Fund	562 Main St. Nelsose, NA 02176	Contribution - Closing the account	5290.14
		Line 12: Total Expenditures ov	er \$50 (or listed above)	5292,12
		Line 13: Total Expenditures \$50	) and under* (not listed above)	Ø
	Enter on page 1, line 4 $\rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	5292.12

\* 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 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	over \$50 (or listed above)	Ø
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	Ø
				d

Enter on page 1, line  $6 \rightarrow$  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.

### **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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	Ø

<b>Form CPF M 102:</b>	Campaign Finance Report
Mur Office of Can	nicipal Form
Commonwealth	npaign and Political Financey OF MELROSE REGISTRARS OF VOTERS
of Massachusetts	2020FillAnnh Hity 61 Jown Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: //	1/2019 Ending Date: $12/31/2019$
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election  ☐ year-end report  ☐ dissolution
PETER MORTIMER Candidate Full Name (if applicable)	COMMITTEE TO ELECT PETER MORTIMER
CITY COUNCIL WARD 6 MELICOSE	LISA MORTIMER Name of Committee Treasurer
97MT. HOOD TERC. MELICOSE MA 02176 Residential Address	<u>47 MT. HOOD TERC., MELICOSE, MA 02176</u> Committee Mailing Address E-mail: <u>LISAMORTIMERE60@GMAIL.COM</u>
E-mail: PETEREMORTIMER @ COMCAST, NET	E-mail: LISAMORTIMERE60@GMAIL.COM
Phone # (optional): 781.665-0286	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	696.59
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	696.59
Line 4: Total expenditures this period (page 5, line	e 14) O
Line 5: Ending Balance (line 3 minus line 4)	696.59
Line 6: Total in-kind contributions this period (pa	ge 6) O
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: たのことしみいし	, TRUST
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind c finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bos	x only)
Candidate with 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 acc incurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penaltics of perjury:	(Candidate's signature)

### **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)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

# 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)			
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

### **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
				[]
				[]
				[ ]
				[
L		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	Lower and the second	
		Line 14: TOTAL EXPENDIT	Manager .	
	Enter on page 1, line $4 \rightarrow$	LINE 14: IUIAL EXPENDIT	UKES IN THE LEKIOD	

\* 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
		PRIMA 1		
-				
				[
				[]
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	inder* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0

# 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	over \$50 (or listed above)		
	Line 16: In-Kind Contributions \$50 & under (not listed above)				
	Enter on page 1, line 6 $\rightarrow$	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.

### 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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0



# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finan@ITY OF HELROSE REGISTRARS OF VOTERS

of Massachusetts					2020 JAN	2 PM der	5 Election Commissio
Fill in Report	ing Period dates: Beginnin	ng Date: Oct 25	, 2019	Ending		Dec 31, 2019	
	ort: (Check one)	ceding election [	] 30 day	after election	X ye	ar-end report	X dissolution
Peter Navarra			Pete Nav	arr for Melrose	2		
City Council At	Candidate Full Name (if applicable) Large		Theresa	Navarra	Commi	ttee Name	
·	Office Sought and District				ame of Com	mittee Treasurer	
35 Crescent Av	e #2, Melrose, MA 02176		35 Cresc	ent Ave #2, M			
E-mail:	Residential Address pete.i.navarra@gmail.com		E-mail;	(		/ailing Address varra@gmail.co	
Phone # (optional):	potominara, raegnameen		Phone # (o	ntional).	perenna	781-462-1720	
	· · · · · · · · · · · · · · · · · · ·					, or 102 172	
	SUMMA	RY BALANCI	E INFOI	RMATION:			
	Line 1: Ending Balance from prev	vious report				14.4	4
	Line 2: Total receipts this period	(page 3, line 11)					
	Line 3: Subtotal (line 1 plus line 2	2)	[				
	Line 4: Total expenditures this pe	riod (page 5, line	14)			14.4	4
-	Line 5: Ending Balance (line 3 m	inus line 4)				·	0
	Line 6: Total in-kind contribution	s this period (pag	e 6)				
	Line 7: Total (all) outstanding lia	~~~ · · · · · ·					
	Line 8: Name of bank(s) used: Me	lrose Bank				·····	
activity, including al	examined this report including attached schedul 1 contributions, loans, receipts, expenditures, di 1 persons acting under the authority or on behal	sbursements, in-kind co	ntributions a	nd liabilities for the theorem of the the requirements the termine of the termination of termination of the termination of terminatio of termination of termination of termination of	is reporting	period and represer c. 55.	Il campaign finance hts the campaign n 21, 2020
FOR CANDID	ATE FILINGS ONLY: Affidavit of Ca	ndidate: (check 1 box	only)				444/00/00/A-6
└─┘ activity, of all p	a Committee ave examined this report including attached sch ersons acting under the authority or on behalf o bilities nor made any expenditures on my behal	f this committee in acco	rdance with	the requirements of	f M.G.L. c.	55. I have not rece	of all campaign finance ived any contributions,
I certify that I h finance activity,	nout Committee ave examined this report including attached sch including contributions, loans, receipts, expen- ce activity of all persons acting under the author	litures, disbursements, i	n-kind contri	butions and liability	ties for this	reporting period an	d represents the
Signed under the pa	enalties of perjury:		ArrAN 1475	(Candidate	's signature)	Date: Ja	n 21, 2020

### **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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

#### **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 Recei	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

#### **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
		· · · · · · · · · · · · · · · · · · ·		
[]				
. •	······································	Line 12: Total Expenditures ov	er \$50 (or listed above)	
Line 13: Total Expenditures \$50 and under* (not listed above)				14.44
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	14.44

\* 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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		I		
	L			
[]				
				[
[				
				[]
]				
	L		[]	
	J		L	
		Line 12: Expenditures over \$50	(or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

#### SCHEDULE B: EXPENDITURES (continued)

### 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 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.

### **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
	[]			
		L		
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

<b>EXAMPLE 102:</b> Campaign Finance Report
Municipal Form
Commonwealth Office of Campaign and Political Finance ITY OF MELROSE REGISTRARS OF VOTERS
of Massachusetts PAR With Alt Jo To Al Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date: 10/19/2019 Ending Date: 12/31/2019
Type of Report: (Check one)
🗌 8th day preceding preliminary 🔲 8th day preceding election 🗌 30 day after election 🕅 year-end report 🗌 dissolution
Robert E. Aufiero City Councilor Ward 6 - Melvose, WH Daniel C. Fusco
Office Sought and District Name of Committee Treasurer
425 Lebunon St. M. Ivosc, UNA 02176 425 Lebunon St. Melvese, UND 02176 Residential Address Committee Mailing Address
E-mail: rob821 af @ yuhorcon E-mail: dano begoal@Verizon.net
Phone # (optional): $78/-302 - 1494$ Phone # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report $\$ 1,246,62$
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2) $\ddagger 1, 373.37$
Line 4: Total expenditures this period (page 5, line 14) $\pm 1,073,25$
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: Ecestevn Bank
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 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 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 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 candidate in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:
Signed under the penalties of perjury: <u> COVM C'(LUJUNO</u> (Candidate's signature)

### 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)
10/30/2019	CTE Jerry Leone 91 Webster St. Malden, Ma. 02148	51.75	
Line 9: Total Receipts over \$50 (or listed above)		51.75	
Line 10: Total Receipts \$50 and under* (not listed above)		75	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	126.25	← Enter on page 1, line 2

# 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 Rece	ipts 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

### **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		<b>A</b>
		Audress	Purpose of Expenditure	Amount
10/24/2019	Dan Allie	38 Union St. Westfield, Ma. 01085	Mailer Design	342.75
10/28/2019	Tiger Press	50 Industrial Dr. Longmeadow, Ma. 01028	Postage - Mailhouse	499.02
10/24/2019	Minuteman Press	988 Eastern Ave. Malden, Ma. 02148	Pushcards	159.38
				-
Line 12: Total Expenditures over \$50 (or listed above)				1,001.15
	Line 13: Total Expenditures \$50 and under* (not listed above) 72.1			
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 1,073.25			

\* 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
	J	Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 $\rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

### 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*	<b>Residential Address</b>	Description of Contribution	Value
	[]			
[ <b>[</b> ]	L	Line 15: In-Kind Contributions	s over \$50 (or listed above)	Ø
Line 16: In-Kind Contributions \$50 & under (not listed above)				Ø
Enter on page 1, line $6 \rightarrow$ 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.

# 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
L	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	$\square$

Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance	CITY OF MELROSE
City or Town of: MEL ROSE	Please print or type all information, except signatures. 2020 JAN - 6 AM 8: 12
Reporting Period:     Beginning:     IO / 29 / 20/ 9     Ending:       (MM/DD/YYYY)     (MM/DD/YYYY)     Ending:	12/31/2019 (MM/DD/YYYY)
Type of Report: (Check One)	
8th day preceding preliminary/primary 8th day preceding election 30th day following election (town or special)	20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, a 3. I certify that I do not have a political committee. SIGNATURE RESIDENTIAL ADDRESS DATE PRINT NAME Signed under the penalties of periury (Street and Number)	
	OFFICE SOUGHT
1/3/2020 Reberr A. Beisseille Kehrt A. Bouille 585 Main St pt	



of Massachusetts

## Form CPF M 102: Campaign Finance Report Office of Campaign and Political Gainanore MELROSE REGISTRARS OF VOTERS

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, MA 02108 (617) 979-8300

2020 JAN 21 PH 3: 14 CPF ID# 17272

Reporting Period: Beginning: 10/29/2019 Ending: 12/31/2019

Type of Report: 2019 Year-end Report

Stewart, Robert E.

Full Name of Candidate Municipal, Local Filer

Office Sought/ District

92 Trenton Street Melrose, MA 02176 Residential Address Stewart Company Committee Name

Shannon Elizabeth Stamegna Name of Committee Treasurer

> 15 Cleveland Street Melrose, MA 02176

Committee Address

SUMMARY BALANCE INFORMATION	
Ending balance from previous report:	\$324.5
Total receipts this period:	\$25.0
Subtotal:	\$349.5
Total expenditures this period:	\$55.7
Ending Balance:	\$293.7
Total inkind contributions this period:	\$0.0
Total out of pocket spending this period:	\$0.0
Total outstanding liabilities:	\$0.0
Name of Bank Used:	

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, inkind 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: (1

1/20/20

Date

Affidavit of Candidate (check 1 box only) :

Candidate with Committee and no activity independent of the committee

Certify that I have examined this report, and 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 mave examined this report and 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, disbursements,

inkind contributions and habilities on 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 sign

;

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.

Date Name and Residential Address	Amount Occupation and Employer
10/29/2019 Thomas, Ken	\$25.00
Melrose, MA 02176	
Total Itemized Receipts:	\$25.00
Total Unitemized Receipts:	\$0.00
Total Receipts:	<u>\$25.00</u>

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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 over \$50 and under may be added together from committee records, and reported on line 13.

Date Name and Address	Amount Purpose
10/31/2019 Melrose Cooperative Bank	\$18.00 Checking Acet Fees
638 Main Street	
Melrose, MA 02176	
11/29/2019 Melrose Cooperative Bank	\$18.00 Checking Account Fee
638 Main Street	
Melrose, MA 02176	
12/31/2019 Melrose Cooperative Bank	\$18.00 Checking Acct Fee
638 Main Street	
Melrose, MA 02176	
10/29/2019 Stripe, Inc	\$1.78 Fees
3180 18th Street	
San Francisco, CA 94110	
Total Itemize	ed Expenditures: \$55.78
Total Unitemize	ed Expenditures: \$0.00
Tot	al Expenditures: <u>\$55.78</u>

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance EGISTRARS OF VOTERS			
Commonwealth of Massachusetts 2020 JAN 21 PM 3: 08 File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates:       Beginning Date:       10/19/2019       Ending Date:       12/31/2019			
Type of Report: (Check one)         8th day preceding preliminary         8th day preceding election         30 day after election         9 wear-end report         9 dissolution			
Ryan Williams     Citizens for Ryan Williams       Candidate Full Name (if applicable)     Committee Name       Melrose City Councilor - Ward 7     Amber Williams       Office Sought and District     Name of Committee Treasurer			
88 Malvern Street, Melrose MA 02176     88 Malvern Street, Melrose MA 02176       Residential Address     Committee Mailing Address       E-mail:     ryan@ryanformelrose.com       Phone # (optional):     Phone # (optional):			
SUMMARY BALANCE INFORMATION:         Line 1: Ending Balance from previous report         -32.27         Line 2: Total receipts this period (page 3, line 11)         465			
Line 3: Subtotal (line 1 plus line 2) 432.73			
Line 4: Total expenditures this period (page 5, line 14)			
Line 5: Ending Balance (line 3 minus line 4) 416.29			
Line 6: Total in-kind contributions this period (page 6) 478.01			
Line 7: Total (all) outstanding liabilities (page 7)			
Line 8: Name of bank(s) used: Eastern Bank, Paypal			
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:			
incurred any liabilities nor made any expenditures on my behalf during this reporting 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 the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, eccipts, 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 candidate in accordance with the requirements of M.G.L. c. 55.			
Signed under the penalties of perjury: Date: 1/20/2020			

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#### **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)
10/24/2019	Brett Hitchner 115 Bartlett St, Apt 2 Somerville, MA 02145	55	
10/21/2019	Jennifer Champagne 11 Faxon Street, Melrose MA 02176	55	
10/19/2019	Ryan Williams 88 Malvern Street Meirose MA 02176	300	Fundraiser - EDF
10/25/2019	Timothy Calabrese 1 kingsbury Road Canton MA 02021	55	
Line 9: Total Rece	ipts over \$50 (or listed above)	465	
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	465	← Enter on page 1, line 2

#### **SCHEDULE A: RECEIPTS (continued)**

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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)		
	ipts \$50 and under* (not listed above)	L	
	ECEIPTS IN THE PERIOD		
Lane 11: IUTAL R	ACCEIPTS IN THE PERIOD		← Enter on page 1, line 2

## **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
				<u> </u>
			- 	
		Line 12: Total Expenditures ov	rer \$50 (or listed above)	
	Line 13: Total Expenditures \$50 and under* (not listed above) 16.			16.44
	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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			· · · · ·	
		Line 12: Expenditures over \$50	) (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1 line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD				

## SCHEDULE B: EXPENDITURES (continued)

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.

### 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
	Ryan Williams	88 Malvern Street	Campaign Materials	
10/23/2019				415.44
		Line 15: In-Kind Contributions	over \$50 (or listed above)	415.44
	Line 16: In-Kind Contributions \$50 & under (not listed above) 37.1			37.18
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	478.01

Enter on page 1, line  $\circ \neg$ 

\* 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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	

•

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# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 1/1	/1/2019 Ending Date: 12/31/2019			
Type of Report: (Check one)				
8th day preceding preliminary       8th day preceding election	n 30 day after election year-end report dissolution			
SCOTT M. FORBES	NO COMMITTEE			
Candidate Full Name (if applicable)	Committee Name			
MELROSE CITY COUNCIL - WARD 7	N/A			
Office Sought and District	Name of Committee Treasurer			
41 MYSTIC AVENUE				
Residential Address	Committee Mailing Address E-mail: N/A			
STOUDEST OT G AMERICOM				
Phone # (optional): (978) 873-0916	Phone # (optional):			
SUMMADV BALAN	NCE INFORMATION:			
SUMMART BALAN				
Line 1: Ending Balance from previous report	\$0.00			
Line 2: Total receipts this period (page 3, line 1	11) \$0.00			
Line 3: Subtotal (line 1 plus line 2)	\$0.00			
Line 4: Total expenditures this period (page 5, l	, line 14) \$0.00			
Line 5: Ending Balance (line 3 minus line 4)	\$0.00			
Line 6: Total in-kind contributions this period (	(page 6) \$0.00			
Line 7: Total (all) outstanding liabilities (page 7	\$0.00			
Line 8: Name of bank(s) used: NO BANK ACCOUNTS / NOT APPLICABLE				
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-kir				
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:				
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 activity, of all persons acting under the authority or on behalf of this committee in	to the best of my knowledge and belief, a true and complete statement of all campaign finance 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 report	orting 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 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

### 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)
	(alphabetical listing required)		
· · · ·			
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	\$0.00	← Enter on page 1, line 2

#### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		F	
			· · · · · · · · · · · · · · · · · · ·
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	\$0.00	← Enter on page 1, line 2

#### **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
j				·
		[		
				·
				[]
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		· · · · ·		J
		Line 13: Total Expenditures \$50	) and under* (not listed above)	

Enter 15. Total Experiances \$50 and under (not listed above)

Enter on page 1, line  $4 \rightarrow |$  Lin

Line 14: TOTAL EXPENDITURES IN THE PERIOD

\$0.00

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

#### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
[]				
				:
		[		
	1	Line 12: Expenditures over \$50	) (or listed above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	\$0,00

## 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
	[]			[]
I		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 $\rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	\$0,00

\* 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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	\$0.00

I



# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

of Massachus			File with: City or Town	Cierk or Election Commission
Fill in Re	eporting Period dates: Beginning Date:	10/29/19	Ending Date: 12/31/19	
Type of I	Report: (Check one)			
🗌 8th day	y preceding preliminary 🗌 8th day preceding e	lection 🔲 30 day a	after election X year-end repo	ort 🔲 dissolution
Shawn Mi	ichael MacMaster	Committ	ee To Elect Shawn MacMaster	
City Coun	Candidate Full Name (if applicable) cilor - Ward 5	Shannon	Committee Name MacMaster	
35 Brazil	Office Sought and District Street	35 Brazil	Name of Committee Treasu Street	arer
E-mail:	Residential Address smacmaster2013@gmail.com	E-mail:	Committee Mailing Addre skeenan76@me.	
Phone # (opt	ional):	Phone # (op	otional):	
	SUMMARY B	ALANCE INFOR	RMATION:	
	Line 1: Ending Balance from previous re-	eport	2	71.88
	Line 2: Total receipts this period (page 3	3, line 11)		42.94
	Line 3: Subtotal (line 1 plus line 2)	[	3	14.82
	Line 4: Total expenditures this period (p	age 5, line 14)		97.94
	Line 5: Ending Balance (line 3 minus lin	ne 4)	2	216.88
	Line 6: Total in-kind contributions this	period (page 6)		0.00
	Line 7: Total (all) outstanding liabilities	(page 7)	2,5	642.94
	Line 8: Name of bank(s) used: Eastern B	ank		

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 s	tatement of	all campaign	a finance
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period 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.	and represe	ents the camp	paign
Signed under the penalties of perjury: Kannon Machaster (Treasurer's signature)	Date:	1/21/	2020

Signed under the penalties of perjury:

(Treasurer's signature)

Date: 1/21/2020

Date: 1-21-20

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with Committee

1 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 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 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 an behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

	- 123 - I						
Signed	under	the	penalties	01	per;	jury	6

(Candidate's signature)

#### SCHEDULE A: RECEIPTS

M.G.L. c. 35 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)
12/10/19	Shawn MacMaster 35 Brazil Street HRHMAN, MA DAITO	42.94	
ne 9: Total Receip	ts over \$50 (or listed above)	42.94	
ne 10: Total Receip	ots \$50 and under* (not listed above)		
ne 11: TOTAL RI	ECEIPTS IN THE PERIOD	42.94	Enter on page 1, line 2

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Autount	(in contributions of \$200 or more)
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	ripts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	42.94	← Enter on page 1, line 2

#### SCHEDULE A: RECEIPTS (continued)

#### 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
12/10/19	Photo Affections	2303 RR 620 South Suite 135-198 Austin, TX 78734	Christmas Cards	42.94
12/14/19	USPS	23 Essex Street Meirose, MA 02176	Stamps for Christmas Cards	55.00
		Line 12: Total Expenditure	s over \$50 (or listed above)	97.94
		Line 13: Total Expenditures	\$50 and under* (not listed above)	

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.

97.94

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(alphabetear asting)			
			[]	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	nder* (not listed above)	
	Enter on page 1, line 4 $\rightarrow$	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	97.94

## SCHEDULE B: EXPENDITURES (continued)

#### 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
]				
	ŝ.			
		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			0.00	

\* 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
5/17/19	Shawn MacMaster	35 Brazil Street Melrose, MA 02176	Candidate loan	500.00
6/25/19	Shawn MacMaster	35 Brazil Street Melrose, MA 02176	Candidate loan	2,000.00
12/10/19	Shawn MacMaster	35 Brazil Street Meirose, MA 02176	Candidate loan	42.94
	Enter on page 1, line 7	→ Line 18: TOTAL OUTST	ANDING LIABILITIES (ALL)	2,542.94