Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

CITY OF MELROSE
REGISTRARS OF VOTERS
2019 OCT 28 PM 2:03

File with: City / Town Clerk or Election Commission

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

CANDIDATE:

Full Name: Alanna Lee Nelson

Residential Address: 14 Summit Avenue

City / State / Zip: Melrose MA 02176

E-Mail Address: tactilet@me.com Phone #: 617.398.0613

Party Affiliation: (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: Alderman

District: Ward 1, Melrose

COMMITTEE:

Name of Committee: The Committee to Elect Alanna L. Nelson

(The name of the committee must include the candidate's last name)

Committee Mailing Address: P.O. Box 761092

City / State / Zip: Melrose MA 02176 Phone #: 617.398.0613

OFFICERS:

Chairman: Mourad Chaouch	**Treasurer*:** Gioia Nour Chaouch
Residential Address: 14 Summit Avenue	Residential Address: 14 Summit Avenue
City / State / Zip: Melrose MA 02176	City / State / Zip: Melrose MA 02176
Phone #: 617.648.8119	Phone #: 617.957.5445 Email: gioiachaouch@gmail.com
	*A public employee may not serve as treasurer of any political committee (see reverse).
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Phone #:	Phone #:

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

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

SIGNED UNDER THE PENALTIES OF PERJURY: Alanna Nelson Date: 10/28/2019

Candidate's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY: Gioia N Chaouch Date: 10/28/2019

Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY: Mourad Chaouch Date: 10/28/2019

Chairman's signature

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: July 19, 2019 Ending Date: October 18, 2019

Type of Report: (Check one)

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

Alanna Nelson
Candidate Full Name (if applicable)

Melrose Ward 1 City Councilor
Office Sought and District

14 Summit Avenue Melrose, MA 02176
Residential Address

E-mail:

Phone # (optional): 617.610.7692

The Committee to Elect Alanna L. Nelson
Committee Name

Gioia Chaouch
Name of Committee Treasurer

P.O. Box 761092 Melrose, MA 02176
Committee Mailing Address

E-mail: hello@alanna-ward1.com

Phone # (optional): 617.398.0613

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11)	1525.00
Line 3: Subtotal (line 1 plus line 2)	1525.00
Line 4: Total expenditures this period (page 5, line 14)	1556.09
Line 5: Ending Balance (line 3 minus line 4)	-31.09
Line 6: Total in-kind contributions this period (page 6)	47.50
Line 7: Total (all) outstanding liabilities (page 7)	100.00
Line 8: Name of bank(s) used:	Northern Bank & Trust Company

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: Gioia Chaouch (Treasurer's signature) Date: 10/28/2019

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 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: Alanna Nelson (Candidate's signature) Date: 10/28/2019

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
9/3/19	Hillside Press	192 Green St Melrose, MA 02176	Post Cards	476.54
9/10/19	Holy Carp Design	19 Tremont St Peabody, MA01960	Brand Design	180.00
9/9/19	Park Press	15 Main St Saugus, MA 01906	Signs	530.14
8/29/19	Pen Factory	205 Maywood Ave Maywood, NJ 07607	Pens	96.14
8/22/19	Sticker Mule	336 Forest Ave Amsterdam, NY 12010	Magnets	107.94
10/15/19	USPS	23 Essex St Stamps Melrose, MA02176	Stamps	70.00

Line 12: Total Expenditures over $50 (or listed above)	1460.76
Line 13: Total Expenditures $50 and under* (not listed above)	95.33
Line 14: TOTAL EXPENDITURES IN THE PERIOD	1556.09

Enter on page 1, line 4 →

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

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 →	**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 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)
09/09/2019	Julie Bozek 340 Main St, Apt. 211 Melrose, MA 02176	$50	
08/01/2019	Mourad Chaouch 14 Summit Avenue Melrose, MA 02176	$500	Enterprise Services, Life Sciences Global Accounts Amazon Web Services
08/28/2019	Julia Chen 39 Woodland Avenue Melrose, MA 02176	$100	
09/08/2019	Patty Correa 32 Davis Ave, Apt. A Brookline, MA 02445	$100	
08/14/2019	Stephanie Kellnhauser 1071 Lakeshore Dr Menasha, WI 54952	$25	
10/03/2019	Paula Kerwin 193 Porter St Melrose, MA 02176	$100	
09/27/2019	Susan Nelson 2424 Andre Ave Janesville, WI 53545	$100	
09/03/2019	Alanna Nelson 14 Summit Avenue Melrose, MA 02176	$500	Marketing Tactile Travel Fabric & Fiber
09/25/2019	Susan Timmerman 54 Concord Avenue, Apt. 3 Somerville, MA 02143	$50	

Line 9: Total Receipts over $50 (or listed above)	1400	
Line 10: Total Receipts $50 and under* (not listed above)	125	
Line 11: TOTAL RECEIPTS IN THE PERIOD	1525	← Enter on page 1, line 2

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

SCHEDULE C: IN-KIND CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than $50. In-kind contributions $50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
7/29/19	Alanna Nelson	14 Summit Avenue Melrose, MA 02176	Web hosting	47.50

Line 15: In-Kind Contributions over $50 (or listed above)	47.50
Line 16: In-Kind Contributions $50 & under (not listed above)	–
Line 17: TOTAL IN-KIND CONTRIBUTIONS	47.50

Enter on page 1, line 6 →

* 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 B: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10/3/19	Alanna Nelson	14 Summit Ave Melrose, MA 02176	General Expenses	100.00

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 100.00

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)	1400	
Line 10: Total Receipts $50 and under* (not listed above)	125	
Line 11: TOTAL RECEIPTS IN THE PERIOD	1525	← 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.