Form CPF M 102: Campaign Finance Report CITY OF MELROSE Commonwealth REGISTRARS OF VOTERS of Massachuse 1071 OCT 22 AM 8: 28

of Massachusetts

Municipal Form Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 01/	18/2020	Ending Date: 10/22/2021		
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	30 day	y after election year-end report dissolution		
Christopher C Cinella Candidate Full Name (if applicable)		ittee To Elect Christopher C Cinella Committee Name		
Melrose City Councilor at Large Office Sought and District	_ Margare	et G Cinella Name of Committee Treasurer		
69 Cranmore Lane, Melrose, MA 02176	69 Cran	nmore Lane, Melrose, MA 02176		
Residential Address	Committee Mailing Address			
E-mail: cinella4melrose@gmall.com	E-mail:	cinella4melrose@gmall.com		
Phone # (optional):	Phone # (c	(optional):		
SUMMARY BALAN	CE INFO	PRMATION:		
Line 1: Ending Balance from previous report		1348.28		
Line 2: Total receipts this period (page 3, line 11	1)	500		
Line 3: Subtotal (line 1 plus line 2)	•	1848.28		
Line 4: Total expenditures this period (page 5, li	ine 14)	0		
Line 5: Ending Balance (line 3 minus line 4)		1848.28		
Line 6: Total in-kind contributions this period (p	page 6)	0		
Line 7: Total (all) outstanding liabilities (page 7))	0		
Line 8: Name of bank(s) used: Cambridge Savings	s Bank			
Affidavit of Committee Treasurer: I 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-kind finance activity of all persons acting under the authority or on behalf of this committee it. Signed under the penalties of perjury:	d contributions a	and liabilities for this reporting period and represents the campaign		
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	box 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 a incurred any liabilities nor made any expenditures on my behalf during this reportire.	accordance with	th 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the contributions.	nts, in-kind conti	stributions and liabilities for this reporting period and represents the		
Signed under the penalties of perjury:	ariel	Date: /0/22/21		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	:		
ine 9: Total Receipt	ts over \$50 (or listed above)		
ne 10: Total Receip	ts \$50 and under* (not listed above)		
	CCEIPTS IN THE PERIOD		Enter on page 1, line 2 include only those receipts not itemized above.

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

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$50 (or listed above)		
		Line 13: Expenditures \$50 and under* (not listed above)		
,				
-0	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD You have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized.			

^{*} 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 D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				