



Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Form CPF M 102A: Amendment to Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY OF MELROSE
REGISTRARS OF VOTERS

7071 JAN -8 AM 9:55

Report Being Amended: Year: 2019 Reporting Period: Beginning Date: 10/18/2019 Ending Date: 01/17/2020

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

Christopher C Cinella

Candidate Full Name (if applicable)

69 Cranmore Lane

Residential Address

City Councilor at Large

Office Sought and District

E-mail:

Phone # (optional):

Committee to Elect Christopher C Cinella

Committee Name

Margaret G Cinella

Name of Committee Treasurer

69 Cranmore Lane, Melrose, MA 02176

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

Line 2: Total receipts this period

Line 3: Subtotal

Line 4: Total expenditures this period

Line 5: Ending Balance

848.28

Line 6: Total in-kind contributions this period

Line 7: Total (all) outstanding liabilities

Line 8: Name of bank(s) used: Cambridge Savings Bank (FMR Melrose Bank)

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

Incorrect year-end balance at Bank

Signed under the penalties of perjury:

Signed under the penalties of perjury:

(Candidate's signature)

Date: 1/6/21

(Treasurer's signature)

Date: 1/7/21



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY OF MELROSE
REGISTRARS OF VOTERS

2021 JAN -8 AM 9:55

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/17/2020 Ending Date: 01/06/2020

Type of Report: (Check one)

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

Christopher C Cinella

Candidate Full Name (if applicable)

Melrose City Councilor at Large

Office Sought and District

69 Cranmore Lane, Melrose, MA 02176

Residential Address

E-mail: cinella4melrose@gmail.com

Phone # (optional):

Committee To Elect Christopher C Cinella

Committee Name

Margaret G Cinella

Name of Committee Treasurer

69 Cranmore Lane, Melrose, MA 02176

Committee Mailing Address

E-mail: cinella4melrose@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	848.28
Line 2: Total receipts this period (page 3, line 11)	500
Line 3: Subtotal (line 1 plus line 2)	1348.28
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	1348.28
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:	Cambridge Savings Bank (FMR Melrose 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: Margaret G. Cinella (Treasurer's signature)

Date: 1/7/21

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: Christopher C Cinella (Candidate's signature)

Date: 1/6/21

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)
10/08/2020	Anthony Pini 7 Laborers Way Hopkington, MA 01748	\$500	Legislative & Political Director MA & Northern New England Laborers District Council
Line 9: Total Receipts over \$50 (or listed above)		500	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		500	

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

SCHEDULE A: RECEIPTS (continued)[illegible]

* 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.)

[illegible]

* 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 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 C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

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

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