



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF MELROSE  
REGISTRARS OF VOTERS

2021 JAN 20 PM 3:56  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2020 Ending Date: 12/31/2020

## Type of Report: (Check one)

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

Cory Thomas

Candidate Full Name (if applicable)

City Councilor Melrose Ward 7

Office Sought and District

19 Linwood Avenue Melrose MA 02176

Residential Address

E-mail: corythomas4melroseward7@gmail.com

Phone # (optional): 617-957-4227

Committee to Elect Cory Thomas

Committee Name

Michelle A. Thomas

Name of Committee Treasurer

19 Linwood Avenue Melrose MA 02176

Committee Mailing Address

E-mail: michellethomas12@verizon.net

Phone # (optional): 617-281-8313

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

96.18

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

1000.00

Line 3: Subtotal (line 1 plus line 2)

1096.18

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

543.00

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

553.18

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: Eastern 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: [Signature] (Treasurer's signature)

Date: 1/19/2021

## 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: [Signature] (Candidate's signature)

Date: 1/19/2021

## 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)
11/05/20	Anthony Pini Mass & Northern N.E. Laborers 7 Laborers Way Hopkinton MA 01748	500.00	PAC
02/03/20	Cory Thomas 19 Linwood Ave Melrose MA 02176	200.00	Logistics Manager EOHHS Commonwealth of Massachusetts 600 Washington Street Boston MA 02111
04/29/20	Cory Thomas 19 Linwood Ave Melrose MA 02176	300.00	Logistics Manager EOHHS Commonwealth of Massachusetts 600 Washington Street Boston MA 02111
Line 9: Total Receipts over \$50 (or listed above)		1000.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		1000.00	← Enter on page 1, line 2

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

**SCHEDULE A: RECEIPTS (continued)**[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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
01/14/20	Giacomo's Restaurant	454 Main St Melrose MA 02176	Committee meeting	49.00
05/06/20	Go Fund Me - Melrose Strong, Helping Melrose Small Businesses	C/O Cal Markedes Finnochiaro 54 Gooch Street Melrose MA 02176	Charitable contribution	100.00
02/21/20	Hillside Press, LLC	192 Green St Melrose MA 02176	Cory Thomas stationary cards for mailings	200.00
11/30/20	Petrone's Pizza	438 Main St Melrose MA 02176	Gift certificate for charity	25.00
11/30/20	Mexico Lindo	449 Main St Melrose MA 02176	Gift certificate for charity	25.00
11/30/20	Melrose House of Pizza	475 Main St Melrose MA 02176	Gift certificate for charity	25.00
11/30/20	Tenoch Melrose	517 Main St Melrose MA 02176	Gift certificate for charity	25.00
11/30/20	Turner's Seafood Grill & Market	506 Main St Melrose MA 02176	Gift certificate for charity	50.00
12/09/20	United States Postal Service	23 Essex St Melrose MA	Mailings	44.00
Enter on page 1, line 4 →				Line 12: Total Expenditures over \$50 (or listed above)
				Line 13: Total Expenditures \$50 and under* (not listed above)
				<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>

\* 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)**[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 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 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				0.00