

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 1/1/2023	File with: City or Town Clerk or Election Commission Ending Date: 10/20/2023
Time of Deports (Cheek and)	
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☑ 8th day preceding election ☐	30 day after election year-end report dissolution
Devin Romanul	
Candidate Full Name (if applicable)	Committee Name
Melrose City Council, Ward 7 Office Sought and District	Name of Committee Treasurer
103 Meridian Street, Melrose, MA 02176	
Residential Address	Committee Mailing Address
	E-mail:
Phone # (optional): 781-218-9810	Phone # (optional):
SUMMARY BALANCE	INFORMATION:
SUMMARKI BIREARCE	0
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	\$710.00
Line 3: Subtotal (line 1 plus line 2)	\$710.00
Line 4: Total expenditures this period (page 5, line 1	14) \$40.08
Line 5: Ending Balance (line 3 minus line 4)	\$669.92
Line 6: Total in-kind contributions this period (page	e 6) O
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Chase Bank	
ffidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of civity, including all contributions, loans, receipts, expenditures, disbursements, in-kind connance activity of all persons acting under the authority or on behalf of this committee in accident the penalties of perjury:	arributions and habilities for this reporting period and represents the earlipaign
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	only)
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 persons.	rdance with the requirements of W.G.L. c. 33. I have not received any contained any
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this campaign finance.	m-kind contributions and flabilities for this reporting period and represents the
1) 6	Date: 10/30/2023



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Office of Campaign and Political Finance

		File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates:	Beginning Date:	Ending Date:
Type of Report: (Check one)		
8th day preceding preliminary	8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (i	f applicable)	Committee Name
Office Sought and	District	Name of Committee Treasurer
Residential Add	lress	Committee Mailing Address
Phone # (optional):		E-mail: Phone # (optional):
	SUMMARY BALANO	CE INFORMATION:
Line 1: Ending Balan	nce from previous report	
Line 2: Total receipt	s this period (page 3, line 11	
Line 3: Subtotal (line	e 1 plus line 2)	
Line 4: Total expend	itures this period (page 5, lin	ne 14)
Line 5: Ending Balan	nce (line 3 minus line 4)	
Line 6: Total in-kind	contributions this period (p	age 6)
Line 7: Total (all) ou	tstanding liabilities (page 7)	
Line 8: Name of ban	k(s) used:	
activity, including all contributions, loans, receipt	s, expenditures, disbursements, in-kind	st of my knowledge and belief, a true and complete statement of all campaign finance 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:
FOR CANDIDATE FILINGS ONLY		
Candidate with Committee I certify that I have examined this report inclusion activity, of all persons acting under the authorincurred any liabilities nor made any expendi	ading attached schedules and it is, to the	be best of my knowledge and belief, a true and complete statement of all campaign finance ccordance 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.
finance activity, including contributions, loar	s, receipts, expenditures, disbursement	the best of my knowledge and belief, a true and complete statement of all campaign tas, in-kind contributions and liabilities for this reporting period and represents the this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:		Date:(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.)

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required) Amount		(for contributions of \$200 or more)
1			
			1 [
			1
] [
			1
ine 9: Total Recei	pts over \$50 (or listed above)		
			1
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
. 44 505 - = =	ADDEDTE NATIONAL STATES		
ne 11: TOTAL F	RECEIPTS IN THE PERIOD		← 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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphabeteal fisting required)	Amount	(101 Contributions of \$200 of more)
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		2 0 Line 10 shou	Id 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

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
			J	
			7	
		Line 12: Total Expenditures o	ver \$50 (or listed above)	
		Eme 12. Total Expellultures 0	701 \$50 (01 listed above)	
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	
			. ,	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES 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)

	To Whom Paid				
Line 12: Expenditures over \$50 (or listed above) Line 13: Expenditures \$50 and under* (not listed above)	Date Paid		Address	Purpose of Expenditure	Amount
Line 13: Expenditures \$50 and under* (not listed above)					
Line 13: Expenditures \$50 and under* (not listed above)					
Line 13: Expenditures \$50 and under* (not listed above)					
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Line 13: Expenditures \$50 and under* (not listed above)					
Line 13: Expenditures \$50 and under* (not listed above)					
			Line 12: Expenditures over \$50	O (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					
· · · · · · · · · · · · · · · · · · ·		Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES 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	
-		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 $6 \rightarrow$	ne 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.

Page 6

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
		Line 18: TOTAL OUTSTANI		