

Form CPF M 102: Campaign Finance Report

Municipal Form

Municipal Form
OFF OF THE ROSE
Office of Campaign and Political Finance GISTRASS OF VOTERS

2019 OCT 28 AM 8: 29

Fill in Reporting Period dates: Beginning Date: 5/28/19 Ending Date: 10/18/19
Type of Report: (Check one)
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution
Jennifer Grigoraitis Friends of Jennifer Grigorait.
Jennifer Grigeraitis Candidate Full Name (if applicable) City Councilor Word 6 Office Sought and District Friends of Jennifer Grigorait. Ellen McGlynn Name of Committee Treasurer
Office Sought and District 4/19 Lebanon St. Melros mn Olite Residential Address E-mail: Jgrigs & gmail. Com Name of Committee Treasurer 1274 VINTON St. Melrose Mn Olite Committee Mailing Address E-mail: Jenfor Word & free surer Committee Treasurer 1274 VINTON St. Melrose Mn Olite Committee Mailing Address E-mail: Jenfor Word & free surer Committee Treasurer
E-mail: Jarigs & gmail. Com E-mail: jenfor Word to treasurer & gman
Phone # (optional): Phone # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11) 2, 830
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14) 1,358,67
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6) 5,132.43
Line 7: Total (all) outstanding liabilities (page 7)
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: Ellentylen (Treasurer's signature) Date: 10/25/19
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Candidate with Committee 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: Candidate's signature Date: 10 H 1 1 1 1 1 1 1 1 1

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)
25-Sep-2019	Alison Socha 75 E. Foster St. Melrose, MA 02176	150	
21-Sep-2019	Ann Perry 26 Sherwood Rd., Melrose, MA 02176	150	
21-Sep-2019	Anne McCarthy 72 Lincoln St., Melrose, MA 02176	50	
2-Jul-2019	Ellen McGlynn 127A Vinton St., Melrose, MA 02176	150	
20-Sep-2019	Eric Wildman 33 Norman Rd., Melrose, MA 02176	250	WCRIBMA, Vice President
28-Sep-2019	Erin Zwirko 100 Derby Rd. Melrose, MA 02176	250	Asst. Planning Virector Town of Arlington
21-Sep-2019	Helen Fay 149 Essex St. Melrose, MA 02176	25	
21-Sep-2019	James McKinlay III 540 Revere Beach Blvd. unit 60 Revere, MA 02151	100	
23-Sep-2019	Jennifer Manning 200 W Wyoming Ave Melrose, MA 02176	50	
23- se p-2019	Jennifer McAndrew 12 Sears Ave., Melrose, MA 02176	150	
4-Sep-2019	John Cristin 892 Nevada Ave. San Jose CA 95125	50	
24-Sep-2019	Julia Moti Lowe 53 Ferdinand St Melrose, MA 02176	100	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 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)
21-Sep-2019	Julie Cali	25	
21-Sep-2019	Kelly Broderick 22 Burrell St., Melrose, MA 02176	50	
21-Sep-2019	Kristi Bach 111 Vinton St., Melrose, MA 02176	30	
23-Aug-2019	Leila Migliorelli 25 Dartmouth Rd., Melrose, MA 02176	100	
9-Sep-2019	Marcia Jackson 9 W Broadway Apt. 507, Boston, MA 02127	100	
9-Oct-2019	Marjorie Kelliher 29 Hillcrest Rd. East Hartford, CT 06108	100	
1-Aug-2019	Martha Grover 31 Gooch St., Melrose, MA 02176	200	City of Melrose, Energy Efficiency Manager
20-Sep-2019	Paul Brodeur 125 Trenton St., Melrose, MA 02176	150	
6-Sep-2019	Penni Grigoraitis 43 Harwich Lane, Hartford, CT 06107	100	
9-Oct-2019	Rainelle Comeau 19 Hunnewell St. Melrose, MA 02176	50	
21-Sep-2019	Sarah Belaid 62 Sixth St., Melrose, MA 02176	50	
20-Sep-2019	Seamus Kelley 259 W. Emerson St., Melrose, MA 02176	100	
5-Sep-2019	Stacy Malone 56 Monument Ave, Charlestown, MA 02129	200	Victim Rights Law Center, Executive Director
Line 9: Total Rece	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	O. Line 10 should	← Enter on page 1, line 2 d 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 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)
6-Sep-2019	William Lowney 25 Calypso Lane, Marshield, MA 02059	100	
ine 9: Total Recei	pts over \$50 (or listed above)	2,830	
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	2,830	← 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 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.)

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
			T to pose of Expenditure	1 [
12-Sep-2019	City of Melrose Veterans Golf Tournament	562 Main St., Melrose, MA 02176	Charity Golf Tournament sponsorship	100
25-Sep-2019	MAAV	235 West Foster St., Melrose, MA 02176	Charity Walk Sponsorship	125
28-Aug-2019	Melrose Police Department	56 West Foster St, Melrose, MA 02176	Charity Golf Tournament sponsorship	150
Various	Pay Pal Processing Costs	2211 North Frost & San Jose, CA 95/3/	Credit Card Processor	23.85
10-Sep-2019	Potter's Printing Inc.	822 Eastern Ave. Fall River, MA 02723	Palm Cards	343.44
25-Sep-2019	Potter's Printing Inc.	822 Eastern Ave. Fall River, MA 02723	Palm Cards	343.44
16-Oct-2019	Potter's Printing Inc.	822 Eastern Ave. Fall River, MA 02723	Palm Cards	107.94
15-Oct-2019	United States Post Office	23 Essey H. Melrose, MA OUTCO	Stamps	165
		Line 12: Total Expenditures over	er \$50 (or listed above)	1358.67
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1358-67
fran hara Hana	ized expenditures of \$50 and under	, include them in line 12. Line 13 sh	and include only the control of the	

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

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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
21-Sep-2019	Bill Kreamer	419 Lebanon St. Melrose, MA 02176	Food for kick-off party	37.84
21-Sep-2019	Bill Kreamer	419 Lebanon St. Melrose, MA 02176	Food for kick-off party	211.32
21-Sep-2019	Bill Kreamer	419 Lebanon St. Meirose, MA 02176	Food for kick-off party	149
10-Oct-2019	Diana Giorlando	75 Gooch St. Melrose, MA 0276	Logo web design, palm cards, email graphics	2,000
6-Jun-2019	Jen Grigoraitis	419 Lebanon St. Melrose, MA 02176	Membership - Melrose Chamber of Commerce	95
13-Jun-2019	Jen Grigoraltis	419 Lebanon St. Melrose, MA 02176	T-shirts - Glenn Blackburn	83.48
26-Jun-2019	Jen Grigoraitis	419 Lebanon St. Melrose, MA 02176	Community Fair - Victorian Fair Booth	215
7-Jul-2019	Jen Grigoraitis	419 Lebanon St. Melrose, MA 02176	Buttons - Connolly Printing	110
7-Jul-2019	Jen Grigoraitis	419 Lebanon St. Melrose, MA 02176	Lapel Sticker - Connolly Printing	212
7-Jul-2019	Jen Grigoraitis	419 Lebanon St. Melrose, MA 02176	Bumper Sticker - Connolly Printing	320
8-Aug-2019	Jen Grigoraitis	419 Lebanon St. Melrose, MA 02176	Postcards - Staples	59.49
26-Aug-2019	Jen Grigoraitis	419 Lebanon St. Meirose, MA 02176	Campaign swag - Oriental Trading	187.98
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
Enter on page 1, line 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.

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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*	Desidential Address	Paradiation of Country at	**
Date Received	From Whom Received.	Residential Address	Description of Contribution	Value
26-Aug-2019	Jen Grigoraitis	419 Lebanon St. Melrose, MA 02176	Campaign banner - Staples	114.53
1-Sep-2019	Jen Grigoraitis	419 Lebanon St. Melrose, MA 02176	Bounce house Campaign kick off - Busy Bee Jumpers	246.56
3-Sep-2019	Jen Grigoraitis	419 Lebanon St. Melrose, MA 02176	T-shirts - Glenn Blackburn	176.1
3-Sep-2019	Jen Grigoraitis	419 Lebanon St. Melrose, MA 02176	Web hosting - WIX.com	102
6-Sep-2019	Jen Grigoraitis	419 Lebanon St. Melrose, MA 02176	Yard Signs - Connolly Printing	582.78
13-Oct-2019	Jen Grigoraitis	419 Lebanon St. Melrose, MA 02176	Cards - Saugus Staples	57.35
21-Oct-2019	Jen Grigoraitis	419 Lebanon St. Melrose, MA 02176	Paper products	17
21-Sep-2019	Jen McAndrew Jon Grigoraitis	12 Sears Ave 419 tebanon St. Melrose, MA 02176	Antipasti and cubed cheese and fruit tray	110
39 · Sep-76/9	Jen Grigorailis	Ula Lenona St. Melrosa, MA 02/76	Donuts	45.00
Line 15: In-Kind Contributions over \$50 (or listed above)				5,137.43
			-, -, -, -, -, -, -, -, -, -, -, -, -, -	
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line $6 \rightarrow$ Line 17: TOTAL IN-KIND CONTRIBUTIONS				5,137.43

^{*} 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.

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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 OUTSTAND	OING LIABILITIES (ALL)	0