

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK MELROSE-MA 2023 JAN 20 AM8:47

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission 1/1/2022 Ending Date: 12/31/2022
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	on 30 day after election year-end report dissolution
	Jour old report also latter.
Jack Eccles	Jack Eccles for Melrose
Candidate Full Name (if applicable)	Committee Name
Council-at-Large Office Sought and District	Amy Butts Name of Committee Treasurer
99 Essex St Unit 10 Melrose, MA 02176	99 Essex St Unit 10 Melrose, MA 02176
Residential Address	Committee Mailing Address
E-mail: jack@jackformelrose.com	E-mail: jack@jackformelrose.com
Phone # (optional): 781-913-0188	Phone # (optional): 781-913-0188
SUMMARY BALA	ANCE INFORMATION:
Line 1: Ending Balance from previous report	1194.40
Line 2: Total receipts this period (page 3, line	e 11) 0
Line 3: Subtotal (line 1 plus line 2)	1194.40
Line 4: Total expenditures this period (page 5	5, line 14) 300
Line 5: Ending Balance (line 3 minus line 4)	894.40
Line 6: Total in-kind contributions this period	d (page 6) 0
Line 7: Total (all) outstanding liabilities (page	ge 7) 0
Line 8: Name of bank(s) used: Eastern Bank	
activity, including all contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the authority or on behalf of this committes. FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check Candidate with Committee I certify that I have examined this report including attached schedules and it is,	(Treasurer's signature) Date: 1/19/2023 k I box only) to the best of my knowledge and belief, a true and complete statement of all campaign finance
incurred any liabilities nor made any expenditures on my behalf during this rep Candidate without Committee	resign (Special Control of State of Sta
finance activity, including contributions, loans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on behalf	, to the best of my knowledge and belief, a true and complete statement of all campaign ements, in-kind contributions and liabilities for this reporting period and represents the f of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penaltics of perjury:	(Candidate's signature) Date: 1/19/2023

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)

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ine 9: Total Rece	ipts over \$50 (or listed above)		
ine 10: Total Rece	eipts \$50 and under* (not listed above)		
inc 11- TOTAL	DECEIDTS IN THE DEDUCE		
ane II; IUIAL)	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)
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL 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 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.)

eport 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	
11/28/2022	Joy Yoga	149 Essex St Melrose, MA 02176	Fall Event	50	
10/13/2022	Melrose Alliance Against Violence	235 West Foster Street Melrose, MA 02176	Walk Sponsorship	250	
				`	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	300	
		Line 13: Total Expenditures \$50	and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	300	

^{*} 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 B: EXPENDITURES (continued)

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		
		Eme 13. Expenditures \$30 and	a ander (not usica above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	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
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	, , , , , , , , , , , , , , , , , , , ,	Line 15: In-Kind Contributions	s over \$50 (or listed above)	
Line 16: In-Kind Contributions \$50 & under (not listed abo				
	Enter on page 1, line 6 →	ONTRIBUTIONS		

^{*} 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
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