

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political FinanceTY OF MELROSE NEGISTRARS OF VOTERS

File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: **Ending Date:** 10/20/2023 1/1/2023 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Jack Eccles Jack Eccles for Melrose Candidate Full Name (if applicable) Committee Name Councilor at Large Amy Butts Office Sought and District 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: jeccles12@gmail.com E-mail: jeccles12@gmail.com Phone # (optional): Phone # (optional): 7819130188 7819130188 **SUMMARY BALANCE INFORMATION:** Line 1: Ending Balance from previous report 894.4 Line 2: Total receipts this period (page 3, line 11) 894.40 Line 3: Subtotal (line 1 plus line 2) 650.00 Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) 244.4 Line 6: Total in-kind contributions this period (page 6) 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. Date: 10/20/2023 Signed under the penalties of perjury: 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. Date: 10/29/2023 Signed under the penalties of perjury: (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.)

eport all receipts. P	lease include your committee name and a pa	age number on ca		
Name and Residential Address			Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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		1		
			Section 201	
Line 9: Total Rece	ipts over \$50 (or listed above)	J L		
	eipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2	
		L Line 10 above	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 A: RECEIPTS (continued)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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			A de la constanta de la consta	
	1			
Line 9: Total Rece	eipts over \$50 (or listed above)			
Line 10: Total Rec	eipts \$50 and under* (not listed above)			
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
* If you have itemize	ed receipts of \$50 and under include them in liv	o 0 Line 10 chou	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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/23/2023	Grigoraitis Committee	64 Garfield Road Melrose, MA 02176	Donation	100
4/24/2023	Committee to Elect Leila Migliorelli	25 Dartmouth Road Melrose, MA 02176	Donation	100
4/24/2023	Committe to Elect Maya Jamaleddine	10 Melrose St Melrose, MA 02176	Donation	100
8/27/2023	Ed Oconnell for Melrose City Council	20 Cleveland St Melrose, MA 02176	Donation	100
8/27/2023	The Kelley Committee	259 West Emerson St Melrose, MA 02176	Donation	50
8/27/2023	Citizens for Ryan Williams	88 Malvern St Melrose, MA 02176	Donation	100
8/27/2023	Barb Travers for Ward 6	17 Sewall St Melrose, MA 02176	Donation	50
9/23/2023	Barb Travers for Ward 6	17 Sewall St Melrose, MA 02176	Donation	50
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Futer on page 1. line 4	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	650

^{*} 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)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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	1 5 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
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				'	
		Line 12: Expenditures over \$50	0 (or listed above)		
	Line 13: Expenditures \$50 and under* (not listed above)				
	Ente 15. Expenditures \$50 and under (not instead above)				
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
		r include them in line 12. Line 13.s		£	

^{*} 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.

				T.7. B.
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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a casa versas ve				
		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 →	Line 17: TOTAL IN-KIND Co		

^{*} 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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				P
1				
THE CASE OF THE CA				
	Enter on page 1 line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	