

## Form CPF M 102: Campaign Finance Report

# Municipal Form CITY OF HELROSE REGISTRARS OF VOTERS.

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	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: Jan 1,	2020 Ending Date: Dec 31, 2020			
Type of Report: (Check one)				
	☐ 30 day after election ☐ year-end report ☐ dissolution			
Jeffrey Charles McNaught	Committee to Elect Jeffrey C McNaught			
Candidate Full Name (if applicable) Ward 2 City Council	Committee Name Kathryn McNaught			
Office Sought and District	Name of Committee Treasurer			
94 Clifford Street, Melrose, MA 02176	94 Clifford Street, Melrose, MA 02176			
Residential Address	Committee Mailing Address			
E-mail: melroseward2@gmail.com	E-mail: kt02363367@yahoo.com			
Phone # (optional):	Phone # (optional):			
SUMMARY BALANCI	E INFORMATION:			
Line 1: Ending Balance from previous report	752.71			
Line 2: Total receipts this period (page 3, line 11)				
Line 3: Subtotal (line 1 plus line 2)				
Line 4: Total expenditures this period (page 5, line	: 14)			
Line 5: Ending Balance (line 3 minus line 4)	1,402.95			
Line 6: Total in-kind contributions this period (pag	ge 6) 650.24			
Line 7: Total (all) outstanding liabilities (page 7)				
Line 8: Name of bank(s) used:				
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind continuous activity of all persons acting under the authority or on behalf of this committee in acting under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee	ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Only)			
I certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in accommuted any liabilities nor made any expenditures on my behalf during this reporting p	ordance with the requirements of M.G.L. c. 55. I have not received any contributions,			
Candidate without Committee  Certify that I have examined this report including attached schedules and it is, to the betinance activity, including contributions, loans, receipts, expenditures, disbursements, is campaign finance activity of all persons acting under the authority or on behalf of this configured under the penalties of perjury:	in-kind contributions and liabilities for this reporting period and represents the			

#### **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)	
	(asphabetear issuig required)	Amount	(101 CORELIDATIONS OF \$200 OF MOTE)	
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ne 9: Total Receipt	ts over \$50 (or listed above)			
ne 10: Total Receip	ets \$50 and under* (not listed above)			
ne 11. TOTAL DE	CCEIPTS IN THE PERIOD		,	
	CERTISIN THE LEXION		← Enter on page 1, line 2	

<sup>\*</sup> 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)
	(a.p.uszeries issuig requires)		
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ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	ots \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> 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
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OTTO THE PERSON OF THE PERSON				
,		Line 12: Total Expenditures ov	ver \$50 (or listed above)	
		The Late Language of		
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	
			,	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> 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	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
		Line 12: Expenditures over \$	50 (or listed above)		
		Line 13: Expenditures \$50 an	d under* (not listed above)		
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD  from have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

<sup>\*</sup> 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
Nov 5, 2020	Frank Reilly	105 Clifford Street, Melrose, MA 02176	Campaign Donation	100
Nov 5, 2020	Mass. & Northern New England Laborers' District Council	7 Laborers' Way Hopkinton, MA 01748	Campaign Donation	500
1/29/2020	Lindsey and Jonathan Pietrantonio	17 Philip Circle, Melrose, MA 02176	Campaign Donation	50.24
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		Line 15: In-Kind Contributions over \$50 (or listed above)		650.24
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	650.24

<sup>\*</sup> 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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	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	