

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates:    Beginning Date:	of Massachusetts  File with: City or Town Clerk or Election Commissio						
Sth day preceding preliminary   Sth day preceding election   30 day after election   Gryngrail Gardiagoultion							
Semile   On' geral/1's   Candidate Full Name (if applicables)   Council te Name   Office Sought and District   Office Sought   Office Sought and District   Office Sought	Type of Report: (Check one)						
Committee Name  Name of Committee Treasurer  Committee Malling Address  Email:   Phone # (optional):  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  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)  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:  Affidavit of Committee Treasurer:  Leretify 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, disbutsements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity, including all contributions, loans, receipts, expenditures, disbutsements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity, including all contributions, loans, receipts, expenditures, disbutsements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity, including all contributions, loans, receipts, expenditures, disbutsements, in-kind contributions and liabilities for this report and represents the campaign finance activity, including all contributions of M.G.L. c. 55.  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidates (check 1 box only)  Candidate with Committee	☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ CITY CLERK MELROSE-MA						
Line 1: Ending Balance from previous report  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)  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:  Line 8: Name of bank(s) used:  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  Line 8: Name of bank(s) used:  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  Line 6: Total in-kind contributions and labilities 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. I have not received any contributions, incurred any liabilities for made any expenditure	Candidate Full Name (if applicable)  City Counciler Ward 6  Office Sought and District  High Lethanon 31, Melrosa, MA  Residential Address  E-mail: jarigs & gracil. Com  Committee Name  Ellen McGlyna  Name of Committee Treasurer  127 Vintra \$. Melrosa, MA  Committee Mailing Address  E-mail: jerbor word (e frammer of gracil)						
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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 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						
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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)	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.						

## **SCHEDULE B: EXPENDITURES (continued)**

		OLE D. EXPENDITURES (C					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount			
4/5/22	Inversall Purchall	54 600ch F. Merrose, MA 02174	Donation	£300,00			
9/1/22	FYA Committy  Gradios	Melrose, pur	Chare walk	250.00			
4/5/22	Pancin Reporty	924 Mergen Are genite 299 Terrey liby, Not once	Menain Registry	460.00			
1/9/13	Melrose Mording		Denother	450.00			
8/4/27	Pay Rol		Free	7.72			
				1			
			OTTH OF EDIT HE				
			2023 JAN 10 P	0SE MA 11:05			
Line 12: Expenditures over \$50 (or listed above)							
		Line 13: Expenditures \$50 and u	under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD /	1600 66			
* If you have itemized expanditures of \$50 and under include them in line 12. I include a lay these expanditures 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer
Date Received		Amount	(for contributions of \$200 or more)
8/12/22	Tennitiv McAndrace 12 saura Me Melrose, ma	9150.00	
8/4/22	James Tremer 64 Corffeed Na. Melnose, MA OTAL	250.00	Business Executive
			CITY CLERK MELROSE-MA 2023 JAN 10 PM1:05
Line 9: Total Receipts over \$50 (or listed above)		400.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	400,00	r. 6

<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 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.

	<del></del>			
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/4/22	Jennites benganatis	419 Elmon St	Corney to Hond	162.48
1922		merose, mA	Carring to Hond out at Victorian Fair	162.10
	Touriter Congenialis		l	d
7/31/22	Jenniter Origorians			95.00
			Connerce	
8/2/22	Tenniber Origonox	\$ J	Victorian Fair	270.00
01900			Fair	20.00
	140			
	0			
			==	-5
			CITY CLERK MELRO 2023 JAN 10 PM	E-MA
			ZUZ3 JAN 10 PM]	05
1 1				
		Line 15: In-Kind Contributions over \$50 (or listed above)		577,48
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	527.48

<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.

Page 6