



Form CPF M 102: Campaign Finance Report Municipal Form

CITY OF MELROSE
REGISTRARS OF VOTERS

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

2021 OCT 25 PM 1:50

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2021 Ending Date: 10/15/2021

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Maya Jamaledine
Candidate Full Name (if applicable)
City Council
Office Sought and District
10 Melrose Street, Melrose, MA 02176
Residential Address
E-mail: mayaformelrose@gmail.com
Phone # (optional):

Committee to Elect Maya Jamaledine
Committee Name
Thida Sam
Name of Committee Treasurer
10 Melrose Street, Melrose, MA 02176
Committee Mailing Address
E-mail: mayaformelrose@gmail.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	584.44
Line 2: Total receipts this period (page 3, line 11)	3562
Line 3: Subtotal (line 1 plus line 2)	4146.44
Line 4: Total expenditures this period (page 5, line 14)	977.87
Line 5: Ending Balance (line 3 minus line 4)	3168.57
Line 6: Total in-kind contributions this period (page 6)	162.78
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Rockland Trust	

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:  (Treasurer's signature) Date: 10/23/2021

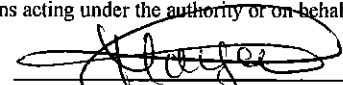
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

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.

Signed under the penalties of perjury:  (Candidate's signature) Date: 10/23/2021

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)
9/10/2021	Abraou, Ahmed 849 Main St. Melrose, MA 02176	100	*Funds received; deposit pending
6/8/2021	Allen, Jane 179 East Foster St. Melrose, MA 02176	100	
6/14/2021	Bach, Kristi 111 Vinton St. Melrose, MA 02176	50	
3/28/2021	Beitman, Aaron 35 Leonard St. Melrose, MA 02176	72	
3/12/2021	Bernard, Keith 58 Almont St. #18 Malden, MA 02148	50	
5/5/2021	Blackmon, Jennifer 17 Aborn Ave. Wakefield, MA 01880	50	
3/13/2021	Brincheiro, Nancy 14 Geneva Rd. Melrose, MA 02176	50	
5/3/2021 5/31/2021	Butt, Mehreen 894 Main St. Unit 10 Wakefield, MA 01880	125	*Funds received; deposit pending
6/10/2021	Butt, Nadia 8 Christopher St. Stoneham, MA 02180	50	
7/26/2021 9/9/2021	Chen, Jennifer 28 Barbour Ter. Quincy, MA 02169	100	*Funds received; deposit pending (\$50)
3/10/2021	Cronin, Carolyn 22 Greenwood St. Apt. 1D Melrose, MA 02176	50	
5/4/2021	Cruikshank, Tracey 22 Martin St. Melrose, MA 02176	50	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/21/2021	Eckert, Christina 14 Annas Way Boxford, MA 01921	50	
8/3/2021	Flaherty, Paul 40 Poplar St. Melrose, MA 02176	100	
8/20/2021	Gilding, Rebecca 12 Hickory Hill Rd. Wakefield, MA 01880	100	
3/17/2021	Grigoraitis, Jennifer 419 Lebanon St. Melrose, MA 02176	100	
3/10/2021	Grover, Martha 31 Gooch St. Melrose, MA 02176	75	
3/7, 4/7, 5/7, 6/7, 7/7, 8/7, 9/7/2021	Hammar, Samantha 12 Bartlett St. Melrose, MA 02176	175	*Funds received; deposit pending (\$25)
9/14/2021	Interbartolo, Rebecca 33 Woodland Ave. Melrose, MA 02176	50	
8/8/2021	Jensen, Kerri 34 Poplar St. Melrose, MA 02176	50	
6/21/2021	Leavell, Heather 20 Wayte Rd. Bedford, MA 01730	50	
3/9/2021, 7/12/2021	Mack, Amy 112 Cottage St. Melrose, MA 02176	100	
5/19/2021	MA & Northern New England Laborers' District Council 7 Laborers Way, Hopkinton, MA 01748	500	Union - political league CDF ID# 80479
8/20/21	Mazor-Garfinkle, Yael 184 Florence St. Melrose, MA 02176	150	
6/4/2021	McAndrew, Jennifer 12 Sears Ave. Melrose, MA 02176	100	*Funds received; deposit pending
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/7/2021	McClory, Paul 33 West Emerson St. Melrose, MA 02176	50	
3/11/2021	McSweeney, Finn 160 W Wyoming Ave. Melrose, MA 02176	50	
3/14/2021	Migliorelli, Leila 25 Dartmouth Rd. Melrose, MA 02176	50	
3/9/2021, 6/9/2021	Rosenberg, Meghan 117 Florence St. Melrose, MA 02176	200	Consultant, MassInsight
6/5/2021	Saint-Amant, Sherrie 33 Westminster Dr. Marlborough, MA 01752	150	*Funds received; deposit pending
3/9/2021, 7/13/2021	Schmitt, Edward 77 Morgan St. Melrose, MA 02176	50	
6/9/2021	Smith-Galvin, Julie 28 Grafton St. Wakefield, MA 01880	50	
5/5/2021	Stubbs, Sally 8 Bravehart Court Durham, NC 27713	50	
9/11/2021	Zama, Nunotte 18 Whittier St. Melrose, MA 02176	100	*Funds received; deposit pending
Line 9: Total Receipts over \$50 (or listed above)		3197	
Line 10: Total Receipts \$50 and under* (not listed above)		365	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3562	← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Misc.	ActBlue	PO Box 4411146 Somerville, MA 02144	Finance Fee for Contributions	121.16
9/2/2021 9/13/2021	Cambridge Reprographic	21 McGrath Hwy Somerville, MA 02143	Literature Printing	287.50
3/8/2021 3/10/2021	Squarespace	8 Clarkson St. 12th Floor New York, NY 10014	Website	193.00
7/14/2021	Yara Chocolate	134 W Emerson St. Melrose, MA 02176	Food for Campaign Event	300.00
Line 12: Total Expenditures over \$50 (or listed above)				901.66
Line 13: Total Expenditures \$50 and under* (not listed above)				76.21
Line 14: TOTAL EXPENDITURES IN THE PERIOD				977.87

Enter on page 1, line 4 →

* 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 B: EXPENDITURES (continued)[illegible]

* 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
8/30/2021	Jennifer Blackmon	17 Aborn Ave. Wakefield, MA 01880	Masks for Victorian Fair	148.54
		Line 15: In-Kind Contributions over \$50 (or listed above)		148.54
		Line 16: In-Kind Contributions \$50 & under (not listed above)		14.24
Enter on page 1, line 6 →		Line 17: TOTAL IN-KIND CONTRIBUTIONS		162.78

* 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.

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 OUTSTANDING LIABILITIES (ALL)				