

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY OF MELROSE
REGISTRARS OF VOTERS

2024 JAN 11 PM 2:53

Commonwealth
of MassachusettsFile with:
City or Town Clerk or Election Commission

Reporting Period Beginning	1/1/2023	Ending:	12/31/2023
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Type of report: Year-end

Mary Beth McAteer-Margolis	Committee to Elect McAteer-Margolis
<i>Full Name of Candidate</i>	<i>Committee Name</i>
Alderman at Large	Kathleen McCarron
<i>Office Sought/ District</i>	<i>Name of Committee Treasurer</i>
22 Stowecroft Road, Melrose, MA 02176	24 Elmcrest Circle, Melrose, MA 02176
<i>Residential Address</i>	<i>Committee Mailing Address</i>

SUMMARY BALANCE INFORMATION

Line 1: Ending balance from previous report:	\$507.38
Line 2: Total receipts this period (Schedule A)	\$0.00
Line 3: Subtotal (line 1 plus line 2)	\$507.38
Line 4: Total expenditures this period (Schedule B)	\$0.00
Line 5: Ending balance (line 3 minus line 4)	\$507.38
Line 6: Total in-kind contributions this period (Schedule C)	\$0.00
Line 7: Total (all) outstanding liabilities (Schedule D)	\$0.00
Line 8: Name of bank(s) used	<u>Eastern Bank</u>

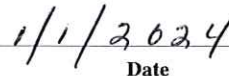
Affidavit of Committee Treasurer:

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 and 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 (in ink)



Date

☒ Affidavit of Candidate (check 1 box only)

☒ Candidate with Committee an no activity independent of the committee.

I certify that I have examined this report, and 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.

☐ Candidate without committee OR Candidate with independent activity filing separate report.

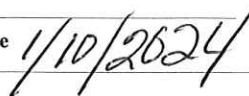
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Signed under the penalties of perjury:

Candidate's signature (in ink)



Date



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.

Date	Name and Residential Address	Amount	Occupation and Employer
		\$0.00	
Line 9: Total Receipts in excess of \$50 or listed above		\$0.00	
Line 10: Total Receipts \$50 and under		\$0.00	
Line 11: Total Receipts in the period		\$0.00	

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 over \$50 and under may be added together from committee records, and reported on line 13.

[illegible]

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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description/ Occupation and Employer
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\$0.00

Line 15: Total in-kind listed above	\$0.00
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Line 16: Total in-kind not listed above	\$0.00
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Line 17: Total in-kind in the period	\$0.00
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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 the liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Amount	Purpose
		\$0.00	
Line 18: Outstanding liabilities (ALL)		\$0.00	

Schedule EA: Assets Acquired

Date Acquired	Asset description & location	Amount	Manner Acquired
		\$0.00	
Total Assets listed above		\$0.00	