

Form CPF M 102: Campaign Finance Report CITY OF MELROSE Municipal Form REGISTRARS OF VOTERS

Office of Campaign and Political Finance 7919 MAR 25 PM 2: 22

Fill in Reporting Period dates: Beginning Date: 01/2	File with: City or Town Clerk or Election Commission 11/2019 Ending Date: 03/20/2019				
Type of Report: (Check one) ☐ 8th day preceding preliminary	30 day after election year-end report dissolution				
Candidate Full Name (if applicable)	Melrose Taxpayers' Alliance Committee Name				
Office Sought and District	Name of Committee Treasurer				
Residential Address E-mail:	13 Circuit Street, Melrose, MA 02176 Committee Mailing Address E-mail: mcmann0554@gmail.com				
Phone # (optional):	Phone # (optional): 781-350-0840				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	0.00				
Line 2: Total receipts this period (page 3, line 11)	5095.00				
Line 3: Subtotal (line 1 plus line 2)	5095.00				
Line 4: Total expenditures this period (page 5, lin	ne 14) 1509.31				
Line 5: Ending Balance (line 3 minus line 4)	3585.69				
Line 6: Total in-kind contributions this period (pa					
Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Eastern Bank	0.00				
Affidavit of Committee Treasurer:					
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)				
Candidate with Committee and no activity independent of the 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.					
Candidate without Committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the				
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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
2/13/19	David Adario East Foster Street Melrose, MA 02176	200.00	Self-employed; Middlesex Auto Body
2/13/19	Ellen Hutchins 66 Florence Street Melrose, MA 02176	110.00	
2/13/19	James Atkinson 12 Damon Ave Meirose, MA 02176	250.00	Finance; Athena/CVS Pharmacy
2/13/19	Nicholas Martorano 2 Orris Place Melrose, MA 02176	100.00	
2/14/19	Lawrence Fitzpatrick 19 Bay State Road Melrose, MA 02176	100.00	
2/15/29	Christopher Sullivan 49 East Wyoming Ave Melrose, MA 02176	100.00	
2/16/19	Julie Ischia 222 Franklin Street Melrose, MA 02176	100.00	
2/181/9	Michael Powers 991 Main Street Melrose, MA 02176	100.00	
2/23/19	Daniel Fusco 172 Waverly Place Melrose, MA 02176	200.00	Manager; Verizon
2/28/19	Gail Berg 20 Beacon Street Melrose, MA 02176	100.00	
3/1/19	James Sarni 118 Woodcrest Drive Melrose, MA 02176	1,000.00	Retired
3/7/19	Melrose Glass Co 169 Main Street Melrose, MA 02176	100.00	
ine 9: Total Recei	ipts over \$50 (or listed above)	2,460.00	
ine 10: Total Rece	sipts \$50 and under* (not listed above)		
ine 11: TOTAL I	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.

*				
Commi	tee Name:	Melrose Taxpayers' Alliance	Page:	3

SCHEDULE A: RECEIPTS

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	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
2/16/19	Austin Wheeler; Hawley Road, Melrose, MA 02176	20.00	
2/23/19	Karen Hunt; 241 Tremont Street, Melrose, MA 02176	25.00	
2/24/19	Anne Laverty; 57 Otis Street, Melrose, MA 02176	30.00	
2/24/19	Lorraine Goodhue, 7 Birch Hill Road, Melros e, MA 02176	50.00	
2/26/19	Peter Gianino; 570 Lebanon Street, Melrose , MA 02176	30.00	
2/27/19	Patricia Stevens; 65 Otis Street, Melrose, M A 02176	50.00	
3/1/19	David Petzke; 9 Penney Hill Road, Melrose, MA 02176	50.00	
3/3/19	Lisa Halloran; 27 Whittier Street, Melrose, MA 02176	30.00	
3/3/19	Rosemary Maher; 23 Lodge Ave, Melrose, M A 02176	25.00	
3/4/19	Lisa Tiemann; 60 Orris Street, Melrose, MA 02176	25.00	
3/4/19	Gina Reidy; 56 Orchard Lane, Melrose, MA 02176	25.00	
3/5/19	Richard Chase; 60 Orris Street, Melrose, MA 02176	30.00	
ine 9: Total Recei	ipts over \$50 (or listed above)	390.00	
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized	receipts of \$50 and under include them in line!	Q Line 10 should	I include anly those receipts not itemized chara

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

		<u> </u>
Committee Name:	Page:	

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
3/7/19	Teresa MacKie; 26 Clinton Road, Melrose, M A 02176	25.00	
3/8/19	Linda Philpot; 51 Brazil Street, Melrose, MA 02176	30.00	
3/9/2019	Donald and Audrey Adelman; 318 Laurel St reet, Melrose, MA 02176	25.00	
3/9/19	Janine Venuti; 39 Altamont Ave; Melrose, M A 02176	50.00	
3/11/19	Jean Bartholomew; 82 Greenwood Street, Melrose, MA 02176	30.00	
3/12/19	Deborah and Robert Buote	50.00	
3/12/19	Robert and Dorothy Auffrey; 49 Grandview Ave, Melrose, MA 02176	20.00	
3/14/19	Norma Browinski; 26 Pearl Street, Melrose, MA 02176	20.00	
3/20/19	Richard Ward; PO Box 760934, Melrose, MA 02176	20.00	
3/20/19	Diane Smith; 45 Frances Street, Melrose, M A 02176	100.00	
3/20/19	Lorraine Goodhue; 7 Birch Hill Road, Melros e, MA 02176	50.00	
3/20/19	Robert Turner; 10 Norris Ct, Melrose, MA 02 176	50.00	
Line 9: Total Receipts over \$50 (or listed above)		470.00	
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)
3/7/19	Judyth Casey 21 Heywood Ave Melrose, MA 02176	100.00	
3/8/19	Skees Associates - James Skees 525 Lynn Fells Parkway Meirose, MA 02176	100.00	
3/8/19	Stead Properties - Lynn Stead 145 Main Street Melrose, MA 02176	100.00	
3/9/19	Howard King 156 Derby Street Meirose, MA 02176	100.00	
3/9/19	Arnold Cave 296 Porter Street Melrose, MA 02176	100.00	
3/12/19	Dennis Driver 294 Upham Street Melrose, MA 02176	200.00	
3/14/19	John Siggins 178 Derby Road Melrose, MA 02176	100.00	
3/14/19	Richard Solano 26 Marmion Road Melrose, MA 02176	500.00	Retired
3/15/19	30nathan Place 328 Upham Street Melrose, MA 02176	100.00	
3/16/19	Colleen Murphy 100 Larchmont Road Melrose, MA 02176	250.00	
1/29/19	James Petrella 3 Hemenway Ave Melrose, MA 02176	50.00	
2/13/19	Laurie Adamson 12 Gould Street Melrose, MA	50.00	
2/16/19	Teresa Connelly 10 Lincoln Street Melrose, MA 02176	25.00	
Line 9: Total Receipts over \$50 (or listed above)		1775.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
ine 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2
f you have itemized receipts of \$50 and under include them in line 0. Line 10 chard			linelude only those receipts not itemized chara-

^{*} 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.)

report all expen	ditures. Please include your comn	ittee name and a page number of	n each page.)	
Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Faid	(alphabetical listing)			Amount
3/1/19	Minuteman Press	988 Eastern Ave Malden, MA 02148	Fiyers and Labels	939.56
3/1/19	Sachem Signworks	124 Main Street Saugus, MA 01906	Yard Signs	287.50
3/4/19	Staples	19 Paradise Road Swampscott, MA 01907	Paper and labels	43.02
3/1/19	Staples	19 Paradise Road Swampscott, MA 01907	Printing	239.05
	}	Line 12: Total Expenditures ov		1509.31
	ł	Line 13: Total Expenditures \$50		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	UKES IN THE PERIOD	

^{*} 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 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
2/25/19	Brian DeLillo	13 Circuit Street Melrose, MA 02176	Whiteboard Wood for signs	38.18
3/2/19	Brian Delillo	13 Circuit Street Melrose, MA 02176	Duct tape for signs	14.83
3/9/19	Brian DeLillo	13 Circuit Street Melrose, MA 02176	Whiteboard wood for signs Paper for printing	82.74
1/26/19	Julie Dellilo	13 Circuit Street Melrose, MA 02176	Copy paper for printing	40.35
3/11/19	Julie DeLilio	13 Circuit Street Melrose, MA 02176	Bumper stickers	65.00
2/22/19	Chris Sullivan	49 East Wyoming Ave Metrose, MA 02176	Printing of flyers	40.00
3/8/19	Chris Sullivan	49 East Wyoming Ave Melrose, MA 02176	Printing of flyers	8.00
2/17/19	Chris Sullivan	49 East Wyoming Ave Metrose, MA 02176	Vote No Pins	57,45
3/12/19	Chris Sullivan	49 East Wyoming Ave Melrose, MA 02176	Vote No Pins	70.30
March 2019	Chris Sullivan	49 East Wyoming Ave Melrose, MA 02176	Postage	134.00
- E		Line 15: In-Kind Contribution	as over \$50 (or listed above)	550.85
		Line 16: In-Kind Contributions		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND (CONTRIBUTIONS	550.85

^{*} 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 B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical fisting)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$50	(or listed above)	
	T** 10 F 3** 000 1 1 * (1 * 1 1 1)			
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
			hould include only those evnenditure	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.