

# Form CPF M 102: Campaign Finance Report

**Municipal Form** Office of Campaign and Political Finance CITY CLERK MELROSE-MA 2023 JAN 19 AM11:17

File with: City or Town Clerk or Election Commission 2022 Fill in Reporting Period dates: **Beginning Date: Ending Date:** Type of Report: (Check one) 8th day preceding preliminary year-end report 8th day preceding election 30 day after election dissolution COMMITTEE TO ELECT PETER MORT PETER MORTIMER

Candidate Full Name (if applicable) LISA MORTIMER
Name of Committee Treasurer COUNCIL WARD 6
Office Sought and District HOOD TER., MELIZOSE, MA 02176
Residential Address B-mail: LISAMORTIMERGO@GMAIL, COM E-mail: LISA MORTIMERGO @ G-MAIL, COM Phone # (optional): 781, 248, 969 Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 501.5 Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) 501.5 Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) 501.5 **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: | ROCKLAUN 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) 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 the first candidate in accordance with the requirements of M.G.L. c. 55. Date: 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.)

Date Received	(alphabatical listing required)		
	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)
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Antonia de la companya de la company			
No.			
ine 9: Total Recei	pts over \$50 (or listed above)	No. of the state o	
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL R	RECEIPTS IN THE PERIOD	0	← 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)
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Programme and the second secon			
		7	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		·
	RECEIPTS IN THE PERIOD	0	← 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.)

	port 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		
		100				
				M. Hickory		
				- Indiana		
		1				
1	The second secon					
		Office Management of the Control of				
			77.00.000			
		Line 12: Total Expenditures ov	er \$50 (or listed above)	***************************************		
		r				
Line 13: Total Expenditures \$50 and under* (not listed above)						
Line 14. TOTAL EVERNINES IN THE DEDUCE						
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				0		

<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)**

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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VIII TORRA ALII ARIA ARIA ARIA ARIA ARIA ARIA A					
				<u></u>	
				1	
		Line 12: Expenditures over \$50	0 (or listed above)		
		Line 13: Expenditures \$50 and	under* (not listed above)	Was a second	
	<u>.</u>				
		Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0	

<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
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

<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 OUTSTANDING LIABILITIES (ALL)				