

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK MELROSE-MA 2023 JAN 25 AM9:08

Date: 1/20/2023

(Candidate's signature)

City or Town Clerk or Election Commission File with: Fill in Reporting Period dates: Beginning Date: 10/24/2021 **Ending Date:** 12/31/2022 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election x year-end report dissolution Ryan Williams Citizens for Ryan Williams Candidate Full Name (if applicable) Committee Name City Councilor - Ward 7 **Amber Williams** Office Sought and District Name of Committee Treasurer 88 Malvern Street, Melrose MA 02176 88 Malvern Street, Melrose MA 02176 Residential Address Committee Mailing Address ryan@ryanformelrose.com ryan@ryanformelrose.com E-mail: E-mail: Phone # (optional): Phone # (optional): **SUMMARY BALANCE INFORMATION:** Line 1: Ending Balance from previous report 416.29 55 Line 2: Total receipts this period (page 3, line 11) 471.29 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) 2.08 Line 5: Ending Balance (line 3 minus line 4) 469.21 Line 6: Total in-kind contributions this period (page 6) 374.97 Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Eastern Bank, Paypal 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. Date: 1/20/2023 Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) 1 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 nutberity are a table of the second 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.

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 without Committee

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)
3/17/2022	Kenneth Hoffman 83 Wright Ave, #2 Medford, MA 02155 HINITED STATES	55	
Line 9: Total Reco	eipts over \$50 (or listed above)	55	
Line 10: Total Rec	reipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	55	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)

Line 9: Total Receipts over \$50 (or listed above) Line 10: Total Receipts SiO and under* (not listed above) Line 11: TOTAL RECEIPTS IN THE PERIOD Fatter on page 1, line 2	Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts \$50 and under* (not listed above)				
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Line 10: Total Receipts \$50 and under* (not listed above)				
	Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD Enter on page 1 line 2	Line 10: Total Receipts \$50 and under* (not listed above)			
I I Enter on hege it mes	Line 11: TOTAL	RECEIPTS IN THE PERIOD	The second secon	← 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.)

	To Whom Paid	mittee name and a page number or		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/17/2022	Paypal Inc	2211 North 1st Street San Jose, CA 95131 United States	Bank Fees	2.08
				Personal constant con
				and the state of t
		Line 12: Total Expenditures or	ver \$50 (or listed above)	2.08
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	2.08

^{*} 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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		Line 12: Expenditures over \$50	0 (or listed above)	<u> </u>	
		Line 13: Expenditures \$50 and	under* (not listed above)		
	Enter on page 1. line $A \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		
		include them in line 12. Line 13 s			

^{*} 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
12/31/2022	Ryan Williams (Candidate)	88 Malvern Street, Melrose MA 02176	Web hosting	374.97
				Manufactura
		Line 15: In-Kind Contribution	ns over \$50 (or listed above)	374.97
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Entar on maga 1. ling 6 -	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	374.9

^{*} 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 OUTSTANI	DING LIABILITIES (ALL)	0