



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF MELROSE
REGISTRARS OF VOTERS

2021 JAN 20 PM 3:02

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2020 Ending Date: Dec 31, 2020

Type of Report: (Check one)

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

Shawn Michael MacMaster

Candidate Full Name (if applicable)

City Councilor - Ward 5

Office Sought and District

35 Brazil Street, Melrose, MA 02176

Residential Address

E-mail: smacmaster2013@gmail.com

Phone # (optional):

Friends of Shawn MacMaster

Committee Name

Shannon MacMaster

Name of Committee Treasurer

35 Brazil Street, Melrose, MA 02176

Committee Mailing Address

E-mail: skeenan76@me.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	216.88
Line 2: Total receipts this period (page 3, line 11)	2,093.49
Line 3: Subtotal (line 1 plus line 2)	2,310.37
Line 4: Total expenditures this period (page 5, line 14)	581.21
Line 5: Ending Balance (line 3 minus line 4)	1,729.16
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	3,586.43
Line 8: Name of bank(s) used:	Eastern Bank

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: Shannon MacMaster (Treasurer's signature)

Date: 1/19/21

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: [Signature] (Candidate's signature)

Date: 1-19-21

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)
May 10, 2020	Robert Driscoll 33 Thurston Rd. Melrose, MA 02176	50	
Mar 2, 2020	Marygail Jagers 5 Coolidge Dr. Tyngsboro, MA 01879	100	
Oct 8, 2020	MA & No. New England Laborers' District Council 7 Laborers Way, Hopkinton, MA	500	OCPF ID#80479
Mar 6, 2020	Joanne McClean 27 Alpine St. Somerville, MA 02144	150	
Feb 21, 2020	Shawn MacMaster 35 Brazil Street Melrose, MA 02176	1,000	Director of Strategic Development and Project Planning, Middlesex Sheriff's Department
Dec 7, 2020	Shawn MacMaster 35 Brazil Street Melrose, MA 02176	43.39	
Feb 26, 2020	Susan Sliney Ohrenberger 16 John McQuinn Circle Framingham, MA 01701	25	
Mar 10, 2020	Daniel & Mary-Rita O'Shea 20 Larchmont Road Melrose, MA 02176	100	
Mar 27, 2020	Robert & Laura Reich 12 Frances Street Melrose, MA 02176	50	
Mar 5, 2020	Charles & Barbara Shea 4 Melrose Avenue Wakefield, MA 01880	75	
Line 9: Total Receipts over \$50 (or listed above)		2,093.49	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,093.49	← 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)
Line 9: Total Receipts over \$50 (or listed above)		0	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,093.49	← 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 (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.

[illegible]

* 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
May 17, 2019	Shawn MacMaster	35 Brazil Street Melrose, MA 02176	candidate loan	500
Jun 25, 2019	Shawn MacMaster	35 Brazil Street Melrose, MA 02176	candidate loan	2,000
Dec 10, 2019	Shawn MacMaster	35 Brazil Street Melrose, MA 02176	candidate loan	42.94
Feb 21, 2020	Shawn MacMaster	35 Brazil Street Melrose, MA 02176	candidate loan	1,000
Dec 7, 2020	Shawn MacMaster	35 Brazil Street Melrose, MA 02176	candidate loan	43.49
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				3,586.43