

# Form CPF M 102: Campaign Finance Report Municipal Form

CITY OF MELROSE

Office of Campaign and Political Finance

Commonwealth of Massachusetts	
Fill in Reporting Period dates: Beginning Date: 1/1/2:	File with: City or Town Clerk or Election Commission  Ending Date: 10/15/21
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Shawn Michael MacMaster	Friends of Shawn MacMaster
Candidate Full Name (if applicable)  City Councilor - Ward 5	Committee Name Shannon MacMaster
Office Sought and District	Name of Committee Treasurer
35 Brazil Street, Meirose, MA	PO Box 809, Melrose, MA
Residential Address	Committee Mailing Address
E-mail: smacmaster2013@gmail.com	E-mail: skeenan76@me.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	1,729.16
Line 2: Total receipts this period (page 3, line 11)	500
Line 3: Subtotal (line 1 plus line 2)	2,229.16
Line 4: Total expenditures this period (page 5, line	e 14) 75
Line 5: Ending Balance (line 3 minus line 4)	2,154.16
Line 6: Total in-kind contributions this period (pa	ge 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 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 Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 10/25/2021
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting  Candidate without Committee  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 finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.  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

### **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.)

report all receipts. Please include your committee name and a  Name and Residential Address  Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
Date Received	(arphabetical listing required)	Amount	(10) Contributions of \$200 of more)	
6/17/21		500	MA & NO New England Laborers' District Council	
		<u></u>		
Line 9: Total Receipts over \$50 (or listed above)		500		
Line 10: Total Receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		500	← 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)	
ine 9: Total Recei	pts over \$50 (or listed above)			
ine 10: Total Rece	ipts \$50 and under* (not listed above)			
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	500	← 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.)

eport all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
5/7/21	ED Photography	rajdas@edphotos.com (617) 797-1461	St. Patrick's Day photos	75	
		Line 12: Total Expenditures or	ver \$50 (or listed above)	75	
Line 13: Total Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line ◆	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	75	

<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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			·	
		Line 12: Expenditures over \$50	(or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line ◆	Line 14; TOTAL EXPENDIT	URES IN THE PERIOD	75

<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 & Line 17: TOTAL IN-KIND CONTRIBUTIONS			0

<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
5/17/19	Shawп MacMaster	35 Brazil Street, Melrose, MA	Candidate loan	500
6/25/19	Shawn MacMaster	35 Brazil Street, Melrose, MA	Candidate loan	2,000
12/10/19	Shawn MacMaster	35 Brazil Street, Melrose, MA	Candidate loan	42.94
2/21/20	Shawn MacMaster	35 Brazil Street, Meirose, MA	Candidate loan	1,000
12/7/20	Shawn MacMaster	35 Brazil Street, Melrose, MA	Candidate loan	43.49
····	Enter on page 1, line 7	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	3,586.43