

Form CPF M 102: Campaign Finance Report

 $\begin{array}{c} \textbf{Municipal Form}_{\text{REGISTRARS OF VOTERS}} \\ \textbf{Office of Campaign and Political Finance} \end{array}$

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Fill in Reporting Period dates: Beginning Date: Janua	ry 1st 2019 Ending Date: October 18th 2019
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Ryan Williams	Citizens for Ryan Williams
Candidate Full Name (if applicable)	Committee Name
City Councilor Ward Seven Office Sought and District	Amber Williams Name of Committee Treasurer
88 Malvern Street, Melrose MA 02176	88 Malvern Street, Melrose MA 02176
Residential Address	Committee Mailing Address
E-mail: ryan@ryanformelrose.com	E-mail: ryan@ryanformelrose.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	1,158
Line 3: Subtotal (line 1 plus line 2)	1,158
Line 4: Total expenditures this period (page 5, line	e 14) 1,190.27
Line 5: Ending Balance (line 3 minus line 4)	-32.27
Line 6: Total in-kind contributions this period (pa	ge 6) 360.25
Line 7: Total (all) outstanding liabilities (page 7)	0
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: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	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: 10/28/2019
activity, of all persons acting under the authority or on behalf of this committee in acting incurred any liabilities nor made any expenditures on my behalf during this reporting	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.
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	in-kind contributions and liabilities for this reporting period and represents the
Signed under the panelties of parity 1	(Candidate's signature) Date: 10/28/2019

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)
08/27/2019	Cynthia Westerman 35 Ashley Court Crete, IL 60417	100	
10/07/2019	Elizabeth Gormally 168 Warner St Belchertown MA 01007	55	
09/14/2019	Finn McSweeny 160 Wyoming Ave Melrose, MA 02176	200	Financial Analyst, Brown Brothers Harriman & Co
07/25/2019	Leslee Williams 24907 South Creekside Court Crete, IL 60417	100	Retired
09/15/2019	Leslee Williams 24907 South Creekside Court Crete, IL 60417	100	Retired
08/30/2019	Robbie Price 95 Malvern Street Melrose MA 02176	50	
09/12/2019	Robbie Price 95 Malvern Street Melrose MA 02176	50	
09/16/2019	Robert Morrison 53 Bay State Road Melrose MA 02176	100	Retired
08/03/2019	Ryan Bagwell 444 Upham Melrose MA 02176	100	
08/23/2019	Ryan Williams 88 Malvern Street Melrose, Ma 02176	60	
08/27/2019	Scott Williams 3406 Hunters Stand Street San Antonio, TX 78230	50	
Line 9: Total Rece	sipts over \$50 (or listed above)	965	
Line 10: Total Receipts \$50 and under* (not listed above)		193	
Line 11: TOTAL RECEIPTS IN THE PERIOD 1,158			← 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)
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Line 9: Total Rece	ipts over \$50 (or listed above)		
	sipts \$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 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	littee name and a page number of		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
8/30/2019	Cambridge Repo-Graphics	21 McGrath Highway Sommerville, MA 02143	Printing	266,62
09/16/2019	Connolly Printing	17B Gill Street Woburn, MA 01801	Printing	415.44
10/07/2019	Connolly Printing	17B Gill Street Woburn, MA 01801	Printing	253.94
10/18/2019	Hoover PTO	37 Glednower Rd Melrose MA 02176	Sponsorship	100
	T proposition of the state of t			
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	1,170.62
		Line 13: Total Expenditures \$5		19.65
	Enter on page 1, line 4 →			1,190.27

^{*} 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)

Date Paid	To Whom 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 4 Line 14: TOTAL EXPENDITURES IN THE PERIOD Line 14: TOTAL EXPENDITURES 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.

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
10/05/2019	Robert Morrison	53 Bay State Road Melrose MA 02176	Pens	100
09/13/2019	Ryan Williams	88 Malvern Street Melrose MA 02176	Printing Costs	100
[]				
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E. J		Line 15: In-Kind Contributio	ns over \$50 (or listed above)	200
		Line 16: In-Kind Contribution	as \$50 & under (not listed above)	160.25
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	360.25

^{*} 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 →	page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			