

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance CITY CLERK MELROSE-MA 2023 FEB 16 AMB: 47

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Janu	uary 1, 2022 Ending Date: December 31, 2022
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☑ year-end report ☐ dissolution
	7
Shawn Michael MacMaster	Friends of Shawn MacMaster
Candidate Full Name (if applicable)	Committee Name
City Councilor - Ward 5 Office Sought and District	Shannon MacMaster Name of Committee Treasurer
35 Brazil Street, Melrose, MA 02176	35 Brazil Street, Melrose, MA 02176
Residential Address	Committee Mailing Address
E-mail: smacmaster2013@gmail.com	E-mail: skeenan76@me.com
Phone # (optional):	Phone # (optional):
CTIMMADV DALAN	CE INFORMATION:
SUIVIIVIARI DALAIN	CE INFORMATION:
Line 1: Ending Balance from previous report	\$2,084.79
Line 2: Total receipts this period (page 3, line 1)	1) 0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, li	ine 14) 0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (p	page 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	\$3,586.43
Line 8: Name of bank(s) used: Eastern Bank	
Allidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-king finance activity of all persons acting under the authority or on behalf of this committee is Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I is 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 a incurred any liabilities nor made any expenditures on my behalf during this reporting	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. ('Treasurer's signature) Date: 2/9/2023 hox only) the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
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, disbursement campaign finance activity of all persons acting under the authority or on behalf of the state of the same activity of	nts, in kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of peripry:	(Candidate's signature) Date: 2/9/2023

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.)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	

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			1	
Line 9: Total Receip	pts over \$50 (or listed above)	0		
ine 10: Total Recei	ipts \$50 and under* (not listed above)	0		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	o	← Enter on page 1, line 2	
		<u> </u>	d include only those receipts not itemized above	

^{*} 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)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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Fine O. Takah Dari	660 (- 13-1-1 X			
Line 9: 10tal Rece	ipts over \$50 (or listed above)	0		
Line 10: Total Rece	cipts \$50 and under* (not listed above)	0		
Lina II, TOTAL I	RECEIPTS IN THE PERIOD		1, 5,	
			☐ Enter on page 1, line 2 Id include only those receipts not itemized above.	

^{*} 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.)

report 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
	the section of the se			
	,			
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES 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.

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	TEE B. EXTENDITORES (C	·	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$50	(or listed above)	0
		Line 13: Expenditures \$50 and	under* (not listed above)	0
		The same of the sa		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0
		include them in line 12. Line 12 a		<u></u>

^{*} 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)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

^{*} 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. Page 6

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 Duc	Address	Purpose	Amount
May 17, 2019	Shawn MacMaster	35 Brazil Street, Melrose, MA	Candidate Ioan	\$500.00
June 25, 2019	Shawn MacMaster	35 Brazil Street, Melrose, MA	Candidate loan	\$2,000.00
Dec 10, 2019	Shawn MacMaster	35 Brazil Street, Melrose, MA	Candidate Ioan	\$42.94
Feb 21, 2020	Shawn MacMaster	35 Brazil Street, Melrose, MA	Candidate Ioan	\$1,000.00
Dec 7, 2020	Shawn MacMaster	35 Brazil Street, Melrose, MA	Candidate loan	\$43.49
				100000000000000000000000000000000000000
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			\$3,586.43