

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form BOARD OF ELECTION Office of Campaign and Political Finance IISSIONERS

2020 OCT 26 AM 8: 53 File with: City or Town Clerk or Election Commission Ending Date: R F 19/25/2020
Ending Date: P.F. 19/25/2020

Date: 10/25/2020

(Candidate's signature)

			-02-00	101 LO AM D. CO	
Fill in Reporting Period dates:	Beginning Date: 8/2	6/2020		File with: City or Town Cles Date: RF 10/25/2020	rk or Election Commiss
Type of Report: (Check one)					
0.1	day preceding election	☐ 30 day	after election	year-end report	dissolution
Melissa Jannino Elam	·	Commi	ttee to Floot Ma	lissa Jannino Elam	
Candidate Full Name (if appli	cable)	- -	ttee to Elect Me	Committee Name	
Northeast Metro Tech School Committee		Craig E	lam	Committee (Value	
Office Sought and District	et			ame of Committee Treasurer	
112 Lincoln St. Revere, MA 02151		112 Lin	coln St. Revere,		
Residential Address				Committee Mailing Address	
E-mail: elam.melissa75@yah	noo.com	E-mail:		elam.craig@yahoo.cor	n
Phone # (optional): 781-775-	2546	Phone # (c	optional):	781-775-034	
SI.					
St	JMMARY BALANC	CE INFO	RMATION:	4	
Line 1: Ending Balance fr	om previous report			500.0	0
Line 2: Total receipts this	period (page 3, line 11))	,	4,600.0	0
Line 3: Subtotal (line 1 plu	us line 2)			5,100.0	0
Line 4: Total expenditures	this period (page 5, lin	e 14)		4,391.5	7
Line 5: Ending Balance (li	ne 3 minus line 4)			708.43	3
Line 6: Total in-kind contr	ributions this period (pa	ge 6)			
Line 7: Total (all) outstand	ling liabilities (page 7)	[5,000.00	
Line 8: Name of bank(s) us	sed: Citizens Bank	L			
ACC 1 1/2 C.C.					
Affidavit of Committee Treasurer: certify that I have examined this report including attached ctivity, including all contributions, loans, receipts, expendinance activity of all persons acting under the authority or	d schedules and it is, to the best of litures, disbursements, in-kind combehalt of this committee in a	of my knowled	ge and belief, a true d liabilities for this	e and complete statement of all reporting period and represent	campaign finance s the campaign
igned under the penalties of perjury:	0		Treasurer's	- 10	/25/2020
FOR CANDIDATE FILINGS ONLY: Affida	vit of Candidate: (check 1 box	only)			
Candidate with Committee I certify that I have examined this report including attactivity, of all persons acting under the authority or on incurred any liabilities nor made any expenditures on respectively.	ached schedules and it is, to the bebalf of this committee in accumy helpalf during this reporting	best of my kno ordance with the	wledge and belief, a ne requirements of N	true and complete statement of M.G.L. c. 55. I have not receive	of all campaign finance ed any contributions,
Candidate without Committee I certify that I have examined this report including atta finance activity, including contributions, loans, receipt campaign finance activity of all persons acting under the	iched schedules and it is, to the b	period that are	wledge and belief, a	true and complete statement of	æ

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.)

Data Dani'	Name and Residential Address	a page number on each page.) Occupation & Employer			
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
10/3/2020	Amy Chamberlin 64 Sprague St. Revere, MA 02151	50.00	The state of the s		
9/17/2020	Melissa Jannino Elam 112 Lincoln St. Revere, MA 02151	2,000.00			
9/25/2020	Melissa Jannino Elam 112 Lincoln St. Revere, MA 02151	500.00			
0/9/2020	Melissa Jannino Elam 112 Lincoln St. Revere, MA 02151	500.00			
.0/12/2020	Melissa Jannino Elam 112 Lincoln St. Revere, MA 02151	1,000.00			
0/22/2020	Melissa Jannino Elam 112 Lincoln St. Revere, MA 02151	500.00			
0/11/2020	Maureen J. McCarthy 77 Edgelawn Ave. North Andover, MA 01845	50.00			
			·		
	ts over \$50 (or listed above)	4,600.00			
	ots \$50 and under* (not listed above)				
ie 11: TOTAL RI	ECEIPTS IN THE PERIOD	4,600.00 ←	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)
Communication of the Communica	,		
			,
9: Total Passint	21/21 \$50 (1'1 1 1 1 1 1 1 1 1 1		
	sover \$50 (or listed above) \$50 and under* (not listed above)		
	CEIPTS 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			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
9/1/2020	Jennifer Cimino	Revere, MA 02151	Photos	120.00
10/5/2020	Independent Newspaper Group, LLC	P.O. Box 380 385 Broadway Revere, MA 02151	Newspaper Advertising	60.00
10/19/2020	Independent Newspaper Group, LLC	P.O. Box 380 385 Broadway Revere, MA 02151	Newspaper Advertising	516.00
9/18/2020	Madison Group, Inc	5 Whitney St. Saugus, MA 01906	Printing	2,004.16
10/13/2020	Oriental Trading Company	P.O. Box 2308 Omaha, NE 68103	Parks and Recreation Halloween Event	465.79
10/14/2020	Oriental Trading Company	P.O. Box 2308 Omaha, NE 68103	Parks and Recreation Halloween Event	335.58
10/14/2020	Oriental Trading Company	P.O. Box 2308 Omaha, NE 68103	Parks and Recreation Halloween Event	63.92
10/9/2020	United States Postal Service	300 Broadway Revere, MA 02151	Postage for Campaign Mailings	632.09
		-		
		ř		
		Line 12: Total Expenditures	over \$50 (or listed above)	4,197.54
		Line 13: Total Expenditures \$	50 and under* (not listed above)	194.03
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	4,391.57

^{*} 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
				-
			1	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	nder* (not listed above)	3
	Enter on page 1 line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	L	
If you have itemiz		r, include them in line 12. Line 13 sh		

^{*} 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
		,		The state of the s
	-	Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$		
		Line 17: TOTAL IN-KIND CO	_	
If an in kind contri	bution is received from a person wh			

^{*} 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
8/25/2020	Melissa Jannino Elam	112 Lincoln St. Revere, MA 02151	Loan	500.00
9/17/2020	Melissa Jannino Elam	112 Lincoln St. Revere, MA 02151	Loan	2,000.00
9/25/2020	Melissa Jannino Elam	112 Lincoln St. Revere, MA 02151	Loan	500.00
10/9/2020	Melissa Jannino Elam	112 Lincoln St. Revere, MA 02151	Loan	500.00
10/12/2020	Melissa Jannino Elam	112 Lincoln St. Revere, MA 02151	Loan	1,000.00
10/22/2020	Melissa Jannino Elam	112 Lincoln St. Revere, MA 02151	Loan	500.00
-				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTA	NDING LIABILITIES (ALL)	5,000.00