



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1/1/2020

Ending Date:

12/31/2021

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

CITY CLERK
SALEM, MASS.

Christine Madone

Candidate Full Name (if applicable)

City Councilor, Salem MA Ward 2

Office Sought and District

20 Federal St. #8 Salem, MA 01970

Residential Address

E-mail: christine@christinemadone.org

Phone # (optional): (781) 571-1195

Committee to Elect Christine Madone

Committee Name

Robert Madone

Name of Committee Treasurer

20 Federal St. #8 Salem, MA 01970

Committee Mailing Address

E-mail: madone-rob@yahoo.com

Phone # (optional): (781) 571-1642

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$1724.64

Line 2: Total receipts this period (page 3, line 11)

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Line 3: Subtotal (line 1 plus line 2)

\$1724.64

Line 4: Total expenditures this period (page 5, line 14)

\$1616.18

Line 5: Ending Balance (line 3 minus line 4)

\$108.46

Line 6: Total in-kind contributions this period (page 6)

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Line 7: Total (all) outstanding liabilities (page 7)

\$1447.07

Line 8: Name of bank(s) used: Salem Five

* corrected closing
balance from
2020
report.

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:

(Treasurer's signature)

Date: 1/19/2021

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:

(Candidate's signature)

Date: 1/19/2021

Christine Madone

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.)

[illegible]

* 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 (Committee to Elect Christine Madore)

Date	First Name	Last Name	Contribution	Address	City	ZIP	State	Occupation	Employer
Line 9: Total receipts in excess of \$50 (or listed above)			\$ -						
Line 10: Total receipts \$50 and under* (not listed above)			\$ -						
Line 11: TOTAL RECEIPTS IN THE PERIOD			\$ -	Enter on page 1, line 2					

Schedule B: Expenditures (Committee to Elect Christine Madore)

Date Paid	To Whom	Address	Purpose of Expenditure	Amount
2/10/2020	Robert Madore	20 Federal st. #8 Salem, MA 01970	Reimbursement for Staples printing supplies paid for by Robert Madore	\$ 116.18
7/16/2020	Christine Madore	20 Federal st. #8 Salem, MA 01970	Reimbursement for a portion of the money Christine Madore contributed to her campaign	\$ 1,500.00
Line 12: Expenditures over \$50				\$ 1,616.18
Line 13: Expenditures \$50 and under*				N/A
Line 14: TOTAL EXPENDITURES				\$ 1,616.18

Enter on page 1, line 4

Schedule C: "In-Kind" Contributions (Committee to Elect Christine Madore)

Date Received	From Whom Received	Residential Address	Description of Contribution	Value
			Line 15: In-kind over \$50	\$ -
			Line 16: In-kind \$50 and under	\$ -
			Line 17: Total In-kind	\$ -

Enter on page 1, line 6

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Schedule D: Liabilities (Committee to Elect Christine Madore)

Date Incurred	To Whom Due	Address	Purpose	Amount
			Line 18: Outstanding Liabilities (ALL)	\$ 1,447.07

Enter on page 1, line 7

Note: Itemized liabilities included in previous reports

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