



Commonwealth  
of Massachusetts

**Form CPF M 102: Campaign Finance Report**  
**Office of Campaign and Political Finance**

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place Rm. 411  
Boston, MA 02108  
(617) 979-8300

CPF ID# 17855

Reporting Period: Beginning: 8/29/2021 Ending: 10/15/2021

Type of Report: 2021 Pre-election Report

**Malstrom, Chris**

*Full Name of Candidate*

**Municipal, Local Filer**

*Office Sought/ District*

**45 Essex Street #1  
Salem, MA 01970**

*Residential Address*

**Malstrom Committee**

*Committee Name*

**Bonnie Massie**

*Name of Committee Treasurer*

**22R West Avenue  
Salem, MA 01970**

*Committee Address*

**SUMMARY BALANCE INFORMATION**

|   |            |
|---|------------|
| Ending balance from previous report:      | \$1,157.30 |
| Total receipts this period:               | \$55.00    |
| Subtotal:                                 | \$1,212.30 |
| Total expenditures this period:           | \$169.41   |
| Ending Balance:                           | \$1,042.89 |
| <hr/>                                     |            |
| Total inkind contributions this period:   | \$0.00     |
| Total out of pocket spending this period: | \$0.00     |
| Total outstanding liabilities:            | \$0.00     |
| Name of Bank Used:                        |            |

**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, inkind 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 by the penalties of perjury:

10/25/2021

Treasurer's signature (in ink)

Date

**Affidavit of Candidate (check 1 box only) :**

**Candidate with Committee and no activity independent of the committee**

- I certify that I have examined this report, and 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.

**Candidate without Committee OR candidate with independent activity filing separate report.**

- I certify that I have examined this report and 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, inkind 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 by the penalties of perjury:

10/25/2021

Candidate's signature (in ink)

Date

## 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.*

| <u>Date</u> | <u>Name and Residential Address</u> | <u>Amount</u>         | <u>Occupation and Employer</u> |
|-------------|-------------------------------------|-----------------------|--------------------------------|
|             | <b>Total Itemized Receipts:</b>     | <b>\$0.00</b>         |                                |
|             | <b>Total Unitemized Receipts:</b>   | <b>\$55.00</b>        |                                |
|             | <b>Total Receipts:</b>              | <b><u>\$55.00</u></b> |                                |

## 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 over \$50 and under may be added together from committee records, and reported on line 13.*

| <u>Date</u>                           | <u>Name and Address</u>  | <u>Amount</u>          | <u>Purpose</u> |
|---------------------------------------|--|------------------------|----------------|
| 9/16/2021                             | Malstrom, Chris<br>45 Essex Street #1<br>Salem, MA 01970                     | \$35.53                |                |
| 9/8/2021                              | My Print and Copy, LLC<br>100 Cummings Center, Ste 2100<br>Beverly, MA 01915 | \$133.88               | Door Hangers   |
| <b>Total Itemized Expenditures:</b>   |  | <b>\$169.41</b>        |                |
| <b>Total Unitemized Expenditures:</b> |  | <b>\$0.00</b>          |                |
| <b>Total Expenditures:</b>            |  | <b><u>\$169.41</u></b> |                |

## 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 the liabilities incurred during this reporting period.*

| <u>Date</u> | <u>To Whom Due</u>  | <u>Reduction</u> | <u>Loan Amount</u> | <u>Purpose</u> |
|-------------|---|------------------|--------------------|----------------|
| 8/28/2021   | <b>Malstrom, Chris</b><br>45 Essex Street #1<br>Salem, MA 01970 |                  | \$35.53            |                |
| 9/16/2021   | <b>Malstrom, Chris</b><br>45 Essex Street #1<br>Salem, MA 01970 | (\$35.53)        |                    |                |
|             | <b>Outstanding Liabilities:</b>                                 |                  | <u>\$0.00</u>      |                |