



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
2021 FEB -9 P 4:07
CITY CLERK'S OFFICE
MALDEN, MASS.

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2020 Ending Date: 12/31/2020

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

David Camell
Candidate Full Name (if applicable)
Ward Six Malden City Councillor
Office Sought and District
35 Williams St, Malden, MA 02148
Residential Address
E-mail:
Phone # (optional):

CTE David Camell
Committee Name
Jenna Camell
Name of Committee Treasurer
35 Williams St., Malden, MA 02148
Committee Mailing Address
E-mail:
Phone # (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	885.86
Line 2: Total receipts this period (page 3, line 11)	250
Line 3: Subtotal (line 1 plus line 2)	1135.86
Line 4: Total expenditures this period (page 5, line 14)	270
Line 5: Ending Balance (line 3 minus line 4)	865.86
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	6755.70
Line 8: Name of bank(s) used:	Citizen's Bank

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: Jenna Camell (Treasurer's signature) Date: Feb 7, 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: [Signature] (Candidate's signature) Date: Feb 7, 2021

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)
11/25/2020	MA & No. New England Laborer's District Council 7 Laborers Way Hopkinton, MA 01748	250.00	District Council Labor Union
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		250.00	← 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 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
CY 2017	Self (Cumulative 2017 Loans to self)	35 Williams St. Malden, MA 02148		6420.70
1/22/2018	Self	35 Williams St. Malden, MA 02148		160.00
3/21/2018	Self	35 Williams St. Malden, MA 02148		150.00
4/26/2018	Self	35 Williams St. Malden, MA 02148		25.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	6755.70