

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commissi
Fill in Reporting Period dates: Beginning Date: 01/	/01/2025 Ending Date: 10/18/2025
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Jeanne M Cristiano	Committee to Elect Jeanne Cristiano
Candidate Full Name (if applicable)	Committee Name
School Committee - Ward 3 Office Sought and District	John G. Cristiano Name of Committee Treasurer
53 Abbott Avenue, Everett, MA 02149	53 Abbott Avenue, Everett, MA 02149
Residential Address	Committee Mailing Address
E-mail: jmczack@yahoo.com	E-mail: jgcjmc999@yahoo.com
Phone #:	Phone # :
SIIMMARV RALAN	CE INFORMATION:
SUMMANI DADAN	
Line 1: Ending Balance from previous report	- \$3,804.46
Line 2: Total receipts this period (page 3, line 12)	0 25 5
Line 3: Subtotal (line 1 plus line 2)	-\$3,804.46
Line 4: Total expenditures this period (page 5, line 1)	77 7.4%
Line 5: Ending Balance (line 3 minus line 4)	-\$3,804.46
Line 6: Total in-kind contributions this period (page 6	5, line 18) 0 5
Line 7: Total (all) outstanding liabilities (page 7, line	19) 0
Line 8: Total out-of-pocket expenses this period (page	e 8, line 22) 0
Line 9: Name of bank(s) used: None	
Affidavit 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-kin finance activity of all persons acting under the perhority or on behalf of this committee Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1)	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: 10/27/2025
	oux only)
	the best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions ng 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 t finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the contributions.	nts, in-kind contributions and liabilities for this reporting period and represents the this candidate in accordance with the requirements of M.G.L. c. 55.
/ to /	7 9 page 10/27/2025

SCHEDULE A: RECEIPTS

vi.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendary ear. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contribute 350 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts an ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contribution eceived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

1ttach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

ttach additional pages as r	needed to report all receipts. Please include the cand	tidate or committee	name and a page number on each additional page.
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		The state of the s	
Line 10: Total Reco	eipts over \$50 (or listed above)	0	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
ine 11: Total Rec	eipts \$50 and under (not listed above)		should include only those receipts not itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Data Baid	To Whom Paid	Address	Dumoso of Europediture	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		THE RESENTED		
<u> </u>				3-0-22

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	4.11		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
77-87/0				
* If you hav	re itemized expenditures of \$50	Line 13: Expenditures over \$50	(or listed above)	0
and under, in should inclu	nclude them in line 13. Line 14 ade only those expenditures not itemized above.	Line 14: Expenditures \$50 and	under (not listed above)	0
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	TURES IN THE PERIOD	0

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. I addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$51 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contribution received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

ude the candidate	or committee name and a-page number on	each additional page.	1	
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				1
* If you have	e itemized in-kind contributions of	Line 16: In-Kind Contributions ove	r \$50 (or listed above)	0
\$50 and under	r, include them in line 16. Line 17 lude only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50		0
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONTI	RIBUTIONS IN THE PERIOD	0

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAN	DING LIABILITIES (ALL)	0

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
(or listed above)	zed Out-Of-Pocket Expenditures Over \$50 emized Out-Of-Pocket Expenditures \$50 and ove)	0	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
	r-OF-POCKET EXPENDITURES IN THE PERIOD	0	← Enter on page 1, line 8