# CITY OF WALTHAM CITY CLERK'S OFFICE

Form CPF M 102: Campaign Finance Report
THAM
OFFICE

Municipal Form
FILE COPY

Office of Campaign and Political Finance

Commonwealth 2011 JAN 19 P 4: 01

OI Massachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Per Date: Deginning Date:	0   2010 Ending Date:
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
GEORGE A. DARCY III	GEORGE DARCY COMMITTEE
Candidate Full Name (if applicable)	Committee Name
COUNCILLOR WARD 3	JANET M. DARCY
Office Sought and District	Name of Committee Treasurer
93 HOBBS RD, WALTHAM MA	93 HOBBS RO, WALTHAM MA
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	<b>≠</b> 450.∞
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	\$ 450.00
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	\$ 450. <u>@</u>
Line 6: Total in-kind contributions this period (pa	age 6) O
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: D.C.U.	
activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting.  Candidate without Committee OR Candidate with independent activity filings. I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:    1
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/1/20/

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#### **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)
ing 0: Total Pagai	ots over \$50 (or listed above)		
	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	0	Enter on page 1, line 2

#### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

<sup>\*</sup> 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address P	urpose of Expenditure	Amount
Jate Paid	(aiphabeticai iistiiig)			
\$				
		.		
				i
		10 T (15 )	50 (or listed above)	
		Line 12: Total Expenditures over \$	Jo (of fisicu acove)	
		Line 13: Total Expenditures \$50 an	d under* (not listed above)	
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDITUR	ES IN THE PERIOD	

<sup>\*</sup> 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
;				
		Line 12: Expenditures ove		
			and under* (not listed above)	
	Enter on page 1, line 4	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	0

<sup>\*</sup> 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 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
				·
			\$50 (c-1):stad shares	
		Line 15: In-Kind Contributions		
		Line 16: In-Kind Contributions		0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	L

<sup>\*</sup> 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.

ate Incurred	To Whom Due	Address	Purpose	Amount
				1
[L]\	1 1: 7	Line 18: TOTAL OUTSTA	ANDING LIABILITIES (ALL)	

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