FICE COPY



Form CPF M 102: Campaign Finance Report CITY OF WALTHAM CITY OF CRK'S OFFICE

Municipal Form

Office of Campaign and Political Finance

2011 NOV -1 P 4: 28

Commonweal of Massachuse	otts	File with: City or Town Clerk or Election Commission
Fill in Re	porting Period dates: Beginning Date: 93	
• •	Report: (Check one) preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
C 5 4	RGE A. DARCY III	GEORGE DARLY COMMITTEE
GEO	Candidate Full Name (if applicable)	Committee Name
Cou	INCILLOR WARD 3	JANET DARCY
	Office Sought and District	Name of Committee Treasurer
93	HOBBS RD, WALTHAM MA Residential Address	9.3 HOBBS RD, WALTHAM MA Committee Mailing Address
Telephone N	umber (optional):	Telephone Number (optional):
	SUMMARY BALANCE	EINFORMATION:
	Line 1: Ending Balance from previous report	450
	Line 2: Total receipts this period (page 3, line 11)	0
	Line 3: Subtotal (line 1 plus line 2)	450
	Line 4: Total expenditures this period (page 5, line	. 14)
	Line 5: Ending Balance (line 3 minus line 4)	450
	Line 6: Total in-kind contributions this period (pag	ge 6) O
	Line 7: Total (all) outstanding liabilities (page 7)	0
	Line 8: Name of bank(s) used: D.C.U.	
I certify that activity, inclu- finance activ-	ading all contributions, loans, receipts, expenditures, disbursements, in-kind co ity of all persons acting under the authority or on behalf of this committee in a	of my knowledge and belief, a true and complete statement of all campaign finance 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: 10/31/2011
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	enly)
certify activity, incurred	, of all persons acting under the authority or on behalf of this committee in acco I any liabilities nor made any expenditures on my behalf during this reporting p	
I certify	activity, including contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons activity under the authority or on Achalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L., c. 55.
Signed unde	or the penalties of perjury: Tears O Dawy	(Candidate's signature) Date: 10/3//2011

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)
2645 (F) (F) (F)	100 B1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Jenny	
			·
	Local Control		
			·
NAME OF THE PARTY			
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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 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

Please include your committee name and a page number on each page.)

,	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	1 ur pose of Expenditor	
	and the same of th			- ANT
ļļ				
	Land 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	-	- Control of the cont		
li.				
		 		
	A CAMPAIN STATE OF THE STATE OF			
.				
	And the second s			
			.	
	COMMITTED TO STATE OF THE STATE			
	[[]
	11.7			
	.[
				.
			January Tanana	
		Line 12: Total Expenditures	over \$50 (or listed above)	
			417	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Line 13: Total Expenditures \$50 and under* (not listed above)				
	linter on page 1. line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	1

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

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
				AMUSTIC MARKET TO THE PARTY OF
			·	
			050 () () ()	The state of the s
			ons over \$50 (or listed above)	A A Marie of the Control of the Cont
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 Line 17: TOTAL IN-KIND CONTRIBUTIONS				

^{*} 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.

Page 6

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
				A
				Patrice
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Supergraphy de dans November 1997	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	O