

# Form CPF M 102: Campaign Finance Reporty of WALTHAM

Municipal Form

AGD.	Office of CE	autorant mice	ounce rmance			• • • • • • • • • • • • • • • • •	
ominou makk Missachusotti				20	12 JAN 48	D 1: 14	
ile with:					RECOR	n <del>r</del> n	
ity or Town Clerk or Election Commission		-11 : C	.•		115.001		
	print or type a	an imorma	tion, except sign	natures.			
Fill in dates: Month	Date	Year	•	Month	Date	Year	
Reporting Period Beginning /		2011	Ending_	12	.3/	20 il	
Type of report: (Check one)  8th day preceding preliminary 8th of	day preceding	election	□30 day after e	election	Depos and so	port 🗆 disso	1
					Esycar-chare	port Limsso	iution
Michael J. O Harloran		. ) [	O.Hal	luren	10 nmil	40 m	l
Full Name of Candidate (if applic	able)			Committe			ĺ
			Perrish	_ Ri	ેં ૮૯	,	•
Office Sought and District			Name	of Commit	ttee Treasurer		
19 MALLISON M			1 Beal	120	1 walth	HAN MA	
Residential Address	٠. ١٠ کې		Comn		ling Address		
Wirtham ML 0)	<u> </u>		<u>-</u>	<del></del>			·
771841-770/Tel	. No. (optional)	' ] [	•		Tel.	No. (optional)	
SUM Line 1: Ending bala			INFORMAT		37 049.		•
Line 2: Total receip	te this nor	iod (	o lie- ii	_			
			2, inte 11)	\$			
Line 3: Subtotal (line				\$	27,648		
Line 4: Total expend				14) \$	1,959	<u> 82</u>	
Line 5: Ending bala	nce (line 3 m	uinus line 4	)	\$	25,638.	46	
Line 6: Total in-kind	contributio	ons this r	period (page 4	s		_	
Line 7: Total (all) out		-		τ) Φ. Φ.			-
Line 9: Name of hard	standing it	aummes	(page 4)	<u>ه</u> .			
Line 8: Name of bank	a(s) used	<u> </u>	<u> ८.१३५)</u>				
Affidavit of Committee Treasurer: I certify that I have examined this report including alta finance activity, including all contributions, loans, rece campaign finance activity of all persons acting under the Treasurer's signature (in ink)	ipts, expenditures,	disbursements whalf of this c	, in-kind contributio ommittee <b>i</b> n <b>a</b> ccorda	ns and liabil	lities for this report	ing period and reco	campaign
FOR CANDIDA	ATE FILAN	GS ONL	Y: (CANDIDAT	E MUST S	IGN BELOW)		
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity indeplection certify that I have examined this report including attributions, incurred any liabilities nor made any expection contributions, incurred any liabilities nor made any expection candidate without Committee OR candi	ached schedules an ity or on behalf of penditures on my b ith independent a ached schedules an its, expenditures, d	id it is, to the to this committee whalf during the cellvity filling and it is, to the the lisbursements, behalf of this	e in accordance with is reporting period, separate report sest of my knowledg in-kind contribution committee in accord	the require se and belief and liabili	ments of M.G.L. c  a true and completies for this reporti	. 55. I have not rec	carmation

### 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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	(alphabetical listing required)		Amount		·
(e 18/H-	Soverign BANK C. cl. Incles	59	9	12	
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	•		-	-	
		-	_	-	
ine 9: Total	receipts in excess of \$50 (or listed above)			•	
ine 10: Total	receipts \$50 and under* (not listed above)	599	12		
ne 11: TOTA	AL RECEIPTS IN THE PERIOD	599			inter 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. Page 2

#### 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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	e Amou	
9/12/11	Gracella Committee	wasthitm	- blankon	100	
1/11/11	Lon to Elect Robert	in Alphy	dantin		
4/6/11	marchese MASS Military	wall them	denution.	100	-
1/12/11	MASS Military Heroes Fund	72 Atlantic AUE Duston OXIII.	clonation	100	+
124111	Rosksente MKCHNV	LOVE ST.	Foul	434	SZ
2/5/11	Com to Rhed mille koss	Buston, MA	doration	100	100
(31/11)	con to Rhot Ed Suzo	contint an	donative	100	
124/11	Com to Kleet Teddy THICHU	within MA	Moralon	100	·
3./3:/11/	WAMerhile Little	withing ma	Samoship	325	 
	-	,	220 - 211		
	·				
		·			
				· · · · · · · · · · · · · · · · · · ·	
			·		
			xpenditures over \$50	1759	82
En	ter on page 1, line 4		xpenditures \$50 and under* OTAL EXPENDITURES	200	00

\*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3

## 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		)		
		1/1/2		
	-	Line 15:	In-kind over \$50	
r	inter an a late	Line 16:	In-kind \$50 and under	
I	Enter on page 1, line 6	Line 17:	Total In-kind	

<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.

#### 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	
		11/1			
	. (.	V/ /			
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)		

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page—number on each page.

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