

Form CPF M 102: Campaign Finance Report

FILE COPY

Municipal Form	ce Report
Office of Campaign and Political Finance	CITY OF WALTHAM
	7014

	The state of the s
File with: City or Town Clerk or Election Commission Please print or type a	all information, except signatures.
Please print or type a	all information, except signatures.
Fill in dates:	RECORDED
Poportion Date	2011 Ending 9 Date Year 2011
Type of report: (Check one)	
	ection 30 day after election begin report dissolution
Stephen Rando Jr	
Full Name of Candidate (if applicable)	Committee To elect Stephen Randa
Waitham School Committee	Ann Bengin
Office Sought and District	Name of Committee Treasurer
93 Bedford ST Waitham MA	93 Bedford ST. Waltham MA
Residential Address	Committee Mailing Address 02453
Tol No (and D	
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BAL	ANCE INFORMATION:
Line 1: Ending balance from p	revious report \$_213.3/
Line 2: Total receipts this period	ad (a v v v v
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this	\$ 213.3i
Line 5: Ending balance (line 3 min	1' 4
Line 6: Total in-kind contribution	ns this period (page 4) \$
Line 7: Total (all) outstanding lia	abilities (page 4) \$
Line 8: Name of bank(s) used we	CITE A TRULE SOLL BY
	atertown Savings Bank
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached and a last	d 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, expeaned represents the campaign finance activity of all persons acting under	d it is, to the best of my knowledge and belief, a true and complete statement of all enditures, disbursements, in-kind contributions and liabilities for this reporting period the authority or on behalf of this committee in accordance with the requirements of
M.G.L. c. 55 Signed under the penalti	
Treasurer's signature (in ink)	9/2/2011
FOD CANDIDATE BY INCO	Date (/
	NLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)	
Candidate with Committee and no activity independent of the comm I certify that I have examined this report including attached schedules and	1 to the contract of the contr
campaign finance activity, of all persons acting under the authority or or have not received any contributions, incurred any liabilities nor made any e Candidate without Committee OR Candidate with independent actions.	of it is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Candidate without Committee OR Candidate with indian	reportantes of my behalf during this reporting period.
campaign finance activity, including contributions loans received	I it is, to the best of my knowledge and belief, a true and complete statement of all
and represents the campaign finance activity of all persons acting under the	ne authority or on hehalf of this committee in according to
Signed under the ponal	ties of perjury:
Candidate signature (in ink)	9/2/2011
	Date (

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 number on each page.

Date Receive	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more	
				of of other more,	
		-			
				,	
ine 9:	Total receipts in excess of \$50 (or listed above)				
	Total receipts \$50 and under* (not listed above)				
	FOTAL RECEIPTS IN THE PERIOD itemized receipts of \$50 and under include them in line	00	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 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	Amount
	· ·			
		Line 12:	Expenditures over \$50	
		Line 13:	Expenditures \$50 and under*	
	er on page 1, line 4 zed expenditures of \$50 and a	Line 14:	TOTAL EXPENDITURES &	00

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. 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
			Contribution	
		Line 15:	In-kind over \$50	00.00
न	nter on page 1 line (Line 16:	In-kind \$50 and under	00.00
Enter on page 1, line 6	Line 17:	Total In-kind	00.00	

^{*} 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
		·	
Ent	er on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	
		Land Elabilities (ALL)	60.00

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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