

Candidate signature (in ink)

# Form CPF M 102: Campaign Finance Report Municipal Form CITY OF WALTHAM CITY SUFFICE

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with: or Town Clerk or Election Commission				RECURDED	
. Pl	ase print or type all ir	formation, except signal	tures.		·
Fill in dates: Month Reporting Period Beginning /	Detc Y			Yes Yes 12	
Type of report: (Check one)  ☐8th day preceding preliminary ☐	3th day preceding elect	ion □30 day after ele	ction Dyean	-end report □dis	ssolution
TOWAD J. F. F. Full Name of Candidate (if a)	Pock opplicable)	Committee Co	TO Electronic Committee Name		J.Re
Office Sought and Dist	rict	Name of	Committee Tre	asurer	*.   .
182 Floribre	CE IZD	WACTHA)	ttee Mailing Ac		
WACTHAM MI	Tel. No. (optional)			Tel. No. (options	1)
Line 1: Ending by Line 2: Total recording to Line 3: Subtotal Line 4: Total explaine 5: Ending by Line 5: Ending by Line 6: Total in-ker Line 7: Total (all) Line 8: Name of 1  Affidavit of Committee Treasurer: 1 certify that I have examined this report including an entirely finance activity, including all contributions, loss campaign finance activity of all persons acting the contributions of the comparison finance activity of all persons acting the contributions.	alance from proceipts this period (line 1 plus line 2) penditures this period (alance (line 3 minus) alance (line 3 minus) outstanding liab pank(s) used	d (page 2, line 11)  period (page 3, line 14)  sthis period (page 4)  ilities (page 4)  is, to the best of my knowledge pursements, in-kind contribution	\$ 7 \$ \$ 7 \$	this reporting period an	
Treasurer's signature (in ink)			I	)zle	****
FOR CAN	DIDATE FILING	<u>S ONLY:</u> (candidati	E MUST SIGN BI	ELOW)	
Affidavit of Candidate: (check I box only)  Candidate with Committee and no activi I certify that I have examined this report inclu- finance activity, of all persons acting under the contributions, incurred any liabilities nor made  Candidate without Committee OR Cand I certify that I have examined this report inclu- finance activity, including contributions, loan- campaign finance activity of all persons acting	fing attached schedules and it authority or on behalf of thi any expenditures on my beha ldate with independent acti- ding attached schedules and it s, receipts, expenditures, disb	is, to the best of my knowledge is committee in accordance with alf during this reporting period. wity filing separate report t is, to the best of my knowledge ursements, in-kind contributions alf of this committee in accordance.	the requirements of e and belief, a true and liabilities for	of M.G.L. c. 55. I have r and complete statement. this reporting period an	of all campaig d represents th

# 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 Received	Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more	
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Line 9: To	otal receipts in excess of \$50 (or listed above)			·	
Line 10: To	otal receipts \$50 and under* (not listed above)			<u></u>	
Line 11: T(	OTAL RECEIPTS IN THE PERIOD	·		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. 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 number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
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					,"
		Line 12: Expenditures over \$50			
	Enter on page 1, line 4		Expenditures \$50 and under* ETOTAL EXPENDITURES		

<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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·			
		,		
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	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
	·			
				·
	,			
	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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