FILE COPY Form CPF M 102: Campaign Finance Report RECORD **Municipal Form** Office of Campaign and Political Finance File with: City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: Month September 2, Reporting Period Beginning Januar 2011 Ending Type of report: (Check one) X 8th day preceding preliminary □8th day preceding election □30 day after election □year-end report dissolution mund Tarallo Full Name of Candidate (if applicable) Committee Name hool Committee Office Sought and District Name of Comm Lount Wallcurd Walth Mounth MA 0245 **Committee Mailing Address** Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) 100.00 Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Bank of America Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and 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, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Tressur signature (in ink FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW) Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons, againg under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Candidate signature (in ink)

### 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.

DateName and Residential AddressReceived(alphabetical listing required)		Amount		Occupation & Employer (for contributions of \$200 or mon	
8/20/11	Alessandro Joseph Holongfellow Rd. Walthem MA 0:2453	100	60	the second of s200 or more	
8/26/11	1310500, Wayne 171-3 Moodyst. Ualthur MA 07462	100	60		
3/29/11	Connors, Michael GLEXINGTONST. Walthum, MA 02452	100	00		
197111	Deveney, Dennis 811111side Rd, Wellresley, MA 02481	·7-5	00	·	
6/16/11	Generoso, John 6 Colhurn line Sudbury, MA 01776	100	60	,	
3/25/11	Gilbert, Aaron 34 Village Lirche Newton, MA02459	200	00	Real EState	
1/25/11	Lincoln, MA DIZZZ	250	00	Self-Employed Owner Parkelodge Hotel	
	Silbert, Kulph Ostannewell Are Newton MA07465	250	00	Owner Park-Lodge Hotel	
14/14/10	NOLUTA, LOUIS 45Azulezed Whithen MAD 2452	100	60	127 A- 1- 000 2 1 - 0 1 C 1	
12411	16 Mudison Rd Walthem, MA03453	100	00		
129/11	Shremus, Walter Blownsset Lang MA 02453	100	00		
16/1(	359 Emerson Gauden Rd Lexibation, MA(12456	200	60	RealEstate	
20111	Maralle, Edmund P. DeMontview Acre Wieltham MAO24101 availo, Mila Ruth	500	08	Self Employed Planer Citicat I. Im bu a	
5/30/11 5	2 Montorzw Are Walthad 1A0 2467 Juybright Douglys F Boutwell Hilled, West ford, MA	500	00	Cityof Woburn Teacher City of Waltham	
	OIPPG	(00	00		
	otal receipts in excess of \$50 (or listed above)	2295	20		
Line 10: To	otal receipts \$50 and under* (not listed above)	1173	00		
_ine 11: T	OTAL RECEIPTS IN THE PERIOD	and id		Enter on page 1, line 2	

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

\* 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	Amo	ount
8/14/11	Burstein Susan	136 Warren St Waltham 02453	Lumber	121	
7/25/11	Cambridge Offszt Printing	S( Ercishtonst. Cambridge MA D2140 7-1 Second Acre	Printing	126	1
110/11	COSTEO	7-1 Second Acre. Wathan MAODIST	Stamps	218	7.
130/11	Kell, her, Kerry dbn JK Studios	P.O. Boy 706 Norwood MA 02062	Printing	1250	00
. 1	Legault, Lauren	Withown Malley Rd			00
16/11	Staples	800 Leaington st Watthem MAO 2411	Printizy	`74	6
				·····	
					<u> </u>
	Line 12: Expenditures over \$50		the second se	3134	76
E	nter on page 1, line 4		xpenditures \$50 and under* OTAL EXPENDITURES	305	64

\*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



# Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: 7/10/11
Name of Individual Being Reimbursed:	Legaut, Lauren
Committee Name:	Committee To Elect Teddy Taralie
CPF ID Number (if applicable):	Telephone Number (optional):

#### **ITEMIZE EXPENDITURES IN EXCESS OF \$50**

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
7/3/11	Stuples	770 Robservel + Trail North Windom MEO4062	Printing	105.00		
	(Include items listed on Page 2) $\rightarrow$	Line 1: Expenditures in excess of \$	50 (itemized above):	106.00		
		Line 2: Expenditures \$50 or under	(not itemized):			
	Line 3: TOTAL AMOUNT REIMBURSED: $10500$					
Signed under the	Signed under the penalties of perjury: Date: 9/////					

Signature of Candidate / Treasurer

Please prepare a separate report for each reimbursement check issued by the committee.



## Form CPF R 1: Itemization of Reimbursements **Office of Campaign and Political Finance**

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: $9/14/11$
Name of Individual Being Reimbursed:	Burgtin, Susan
Committee Name:	Committee To Elecitedy Tarallo
CPF ID Number (if applicable):	Telephone Number (optional):

### **ITEMIZE EXPENDITURES IN EXCESS OF \$50**

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
6/14/11	Lowe's	350 CochituteRd Riaminghum MADIA	Lumber	126.03		
	(Include items listed on Page 2) $\rightarrow$	Line 1: Expenditures in excess of \$	50 (itemized above):	126.03		
	Line 2: Expenditures \$50 or under (not itemized):					
Line 3: TOTAL AMOUNT REIMBURSED: 126.03						
Signed under the penalties of perjury: Date: 9/11/12 Signature of Candidate / Treasurer						

Please prepare a separate report for each reimbursement check issued by the committee.

### 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
429/11	Richard Pizzi	581 Lincoln St. Waltham, MA02461	Food.	100,00
	•	· · · ·		
	•			
	<b></b>	Line 15:	In-kind over \$50	100,00
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	100,00

\* 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
77/9/03	Edmund	Withum MA 32451	Loun to Committee	3,000,00
10/31/03	Red mand Tarallo		Launto Committee	3,000.00
h	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)		6,000,00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page Page 4