

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Ē	2018 OCT 28	
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File with:		
City or Town Clerk or Election Commission	•	
	Please print or type all information	n, except signatures.
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Fill in dates:	Month	Dete	Year	Month	Dute	Yest	-
Reporting Period Beginning			8013	Ending / ()	Z 9	2047	***
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☐8th day preceding preliminary	ng election	□30 day after election	☐year-end report	dissolution
PATRICIC J. O'BIZIEN		PATRICIC O	J'DRIEN (CommiTTE
Full Name of Candidate (if applicable)		Commi	tta Nama	1// 1/

V.) 11- 00(C- 0. C- 0. C
Full Name of Candidate (if applicable) OUNCILLOT - AT - LATE 6 =
Office Sought and District
95 WENTERDEE ROAD
WALNAM MA 02457
781-820-7716 IEL. No. (optional)

<u></u>	PATTUCIC O'DILLEN COMMITTEE	_
	EUGENE F. O. DIZIEN	
	Name of Committee Treasurer	
	95 RAVENWOOD IZOAD	
	WALTHAM MA 02453	
	781-899-35-43 Tel. No. (optional)	

SUMMARY BALANCE INFORMATION	V: a
Line 1: Ending balance from previous report	\$
Line 2: Total receipts this period (page 2, line 11)	s 4919 -
Line 3: Subtotal (line 1 plus line 2)	\$ 4919 -
Line 4: Total expenditures this period (page 3, line 14)	\$ 3889
Line 5: Ending balance (line 3 minus line 4)	S 1,030,-
Line 6: Total in-kind contributions this period (page 4)	\$_ <i>Ø</i>
Line 7: Total (all) outstanding liabilities (page 4)	\$3889
Line 8: Name of bank(s) used KOCKI AND THAT	

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: Oene Tressurer's Agnature (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 a 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. Thave 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 finadce 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:

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	Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more)	
10/2/13	Elisabeth Carter		ed	Achvities Coordinator	
10/16/12	15 Kings Was Unit 40 - WARTHAM OZKG	200 50	w	Mcccean Horpston-Belmo	
oluliz	James + Jeanne Hautt 20 Hollcroft Road - Walthem	40	CO)		
10/14/17	Vincent Mula 31 Cliff Boad-Waltham	300	a	Boston Barla-onin	
10/13/17	Gorothea Ordinator	50.	00		
9/11/17	Faul + Many sety Shining J 26 Spruce St-Milton 02186	50	00		
7/16/17	Jan + Am Sullivan 142 Marzuente Are-Watorso	200	w	retired	
10/2/12	Peter It Isabel Talanian 58 Leima DrWaltham	25	a		
10/2/13	Patrick OBrien	3889	00	Loan To Committe	
		Water transferred			
	•				
Line 9:	Total receipts in excess of \$50 (or listed above)	404	(2)	-	
	Total receipts \$50 and under* (not listed above)	215	W		
	TOTAL RECEIPTS IN THE PERIOD	\$79,0	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. 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	Amount
7/1/2017	WAYNE MICARALLY WAYNE MICARILY	28 ELLISON PARK-WAL 0245	CEAN 1000 FLYERS.	562)
Parpois	WAYNE MCCARTIN	<i>i</i> (COPY 1000 FLYERS	410
9/15/2007	l _l	12	LUAN 1000 FLYERS	
9/11/2019	. 10	ι(.	LOAD RAILY FLYED	
9/13/2013	· ((11	LUAN / MED SIGNS	
10/8/2013	/(11	LUAN / OUD FLYERS	400
10/14/2013	/((1	LOAN /ARD STENS	
10/23/2017	1(11	1000 PALLY FLYERS	125
9/23/2112	WALTHAM POST OFFICE	MAIN ST WALNIAM	LUAN STAMPS LOAN	92
9/30/10	l _L	. 11.	COAN STAMPS	184
9/20/17	1.	1(LOAN STAMPS	194
10/11/13	(c	(1	4 00 STAMPS	134
10/15/13	(1	/(LOAN	270
			Expenditures over \$50	<i>3889</i> .
Ŧ	Enter on page 1, line 4		Expenditures \$50 and under*	0
From horse it.	emized expenditures of \$50 and	Line 14:	TOTAL EXPENDITURES	3889

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·			
	J			
		•		
<u> </u>	1.	Line 15:	In-kind over \$50	17
		Line 16:	In-kind \$50 and under	IXI
	Enter on page 1, line 6	Line 17	: Total In-kind	

^{*} 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
7/1/13	Pahill Olnen	95 Wehrebutal	Coan places	550
7/21/1	/(10	, N	400
2/15/13	, , , , , , , , , , , , , , , , , , ,	L1	<i>!!</i>	400
9/11/13	11 ,	11	1000 Flyers	125
בולבולף	i/(/(lov Signs	485
	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

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.

	<u> </u>	T .	1~	<u> </u>	T= -	T = 1
·	c/ps//2	alcaliz	(0/27/17	idiyliz	10/8/17	Date Incurred
Enter on page 1, line 7	((((<i>(</i> (Fature allina	To Whom Due
Line 18: OUTSTANDING LIABILITIES (ALL)	/(((1.1	95 Wednesa Rd	Address
	400 Stamps	dos stamps	1000 rath Styles	100 MANCO SERIES	iogo Mus	Purpose
	181	52	521	570:	$\varphi_{\mathcal{O}}$	\mathematical mathematical math

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

Page 4

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.

	•					
•			rolidis	(dulls	E1/29/2.	Date Incurred
Enter on page 1, line 7				U	Asolis Vapodi Bion	To Whom Due
Line 18: OUTSTANDING LIABILITIES (ALL)			U	()	95 We Medicial	Address
	·	,	COAN STAMPS	400 Stamps	40V Stamps	Purpose
3889			DEB.	: 181	184	тиошу

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. Page 4