



Commonwealth of Massachusetts

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Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

CITY OF WALTHAM
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File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning January 1, 2011 Ending September 2, 2011

Type of report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Edmund Tarallo
Full Name of Candidate (if applicable)
School Committee
Office Sought and District
14 Mount Valley Rd. Waltham
Residential Address MA 02451
Tel. No. (optional)

The Committee TO Elect Teddy Tarallo
Committee Name
Lauren E. Legault
Name of Committee Treasurer
14 Mount Valley Rd. Waltham, MA 02451
Committee Mailing Address
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:	
Line 1: Ending balance from previous report	\$ <u>3574.66</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>3448.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>7022.66</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>3445.40</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>3577.26</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>100.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>6,000.00</u>
Line 8: Name of bank(s) used	<u>Bank of America</u>

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:
Lauren E. Legault
Treasurer's signature (in ink) 9/11/11
Date

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 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:
Edmund Tarallo
Candidate signature (in ink) 9/11/11
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 Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
8/20/11	Alessandro, Joseph 70 Longfellow Rd. Waltham MA 02453	100	00	
8/26/11	Braslow, Wayne P.O. 3 Moody St. Waltham, MA 02453	100	00	
8/29/11	Connors, Michael 6 Lexington St. Waltham, MA 02452	100	00	
8/23/11	Deveney, Dennis 8 Hillside Rd, Wellfleet, MA 02481	75	00	
8/16/11	Generoso, John 6 Colburn Ave Sudbury, MA 01776	100	00	
8/25/11	Gilbert, Aaron 34 Village Circle Newton, MA 02459	200	00	Real Estate Self-Employed
8/25/11	Gilbert, Keith P.O. Box 6348 Lincoln, MA 01773	250	00	Owner Park Lodge Hotel
8/26/11	Gilbert, Ralph 102 Hannewell Ave Newton, MA 02450	250	00	owner Park Lodge Hotel
8/18/11	Nolara, Louis 45A Colver Rd Waltham, MA 02452	100	00	
8/29/11	O'Halloran Committee 16 Madison Rd Waltham, MA 02453	100	00	
8/29/11	Ohnemus, Walter 32 Lovell St Waltham, MA 02453	100	00	
8/15/11	Rogers, Ernie 859 Emerson Garden Rd Lexington, MA 02420	200	00	Real Estate Self Employed
8/30/11	Tarallo, Edmund P. 52 Montview Ave. Waltham MA 02451	500	00	Planner City of Woburn
8/30/11	Tarallo, Milan Ruth 52 Montview Ave. Waltham MA 02451	500	00	Teacher City of Waltham
8/16/11	Wraybright Douglis 17 Bowtell Hill Rd, Westford, MA 01886	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		2275	00	
Line 10: Total receipts \$50 and under* (not listed above)		1173	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3448	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.



Commonwealth of Massachusetts

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: Leggett, Lauren

Committee Name: Committee To Elect Teddy Paralle

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	Staples	770 Roosevelt Trail North Windon ME 04062	Printing	105.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 105.00

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED: 105.00

Signed under the penalties of perjury:

[Signature]
Signature of Candidate / Treasurer

Date: 9/14/11

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



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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: 8/14/11

Name of Individual Being Reimbursed: Burgin, Susan

Committee Name: Committee To Elect Teddy Tarcillo

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
8/14/11	Lowe's	360 Colchester Rd Roxbury MA 01945	Lumber	126.03

(Include items listed on Page 2) →

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:

Signature of Candidate / Treasurer

Date: 9/11/11

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
4/29/11	Richard Pizzi	581 Lincoln St. Waltham, MA 02461	Food	100.00
Line 15: In-kind over \$50				100.00
Line 16: In-kind \$50 and under				—
Line 17: Total In-kind				100.00

Enter on page 1, line 6

* 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
7/9/03	Edmund Tarallo	14 Mount Walley Rd Waltham MA 02451	Loan to Committee	3,000.00
10/31/03	Edmund Tarallo	14 Mount Walley Rd Waltham MA 02451	Loan to Committee	3,000.00
Line 18: OUTSTANDING LIABILITIES (ALL)				6,000.00

Enter on page 1, line 7