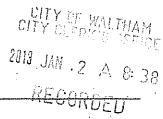


Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance



File with:

City

| Please print or type all inf | Tormation, except signatures | • | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------|
| Fill in dates: Month Date Yes Reporting Period Beginning 12/31/2011 | Ending 12/ | | (cr |
| Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election | on 30 day after election | n ⊠year-end report | dissolution |
| John A. Frassica II | John A. Fras: | sica II Commi | ttee |
| Full Name of Candidate (if applicable) School Comm. City of Waltham | Arthur Berg | ittee Name Jeron | |
| Office Sought and District 225 Prospect Hill Rd 02451 | Name of Com 225 Prospect Hi | mittee Tressurer 11 Road 0245 | 51 |
| Residential Address | Committee | Mailing Address | |
| Tel. No. (optional) | | Tel. No. (o | ptional) |
| Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minu Line 6: Total in-kind contributions Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used Wa | l (page 2, line 11) period (page 3, line 14) s line 4) this period (page 4) ilities (page 4) | \$ 1,591.17 \$ 0.00 \$ 0.00 \$ 0.00 \$ 1,591.17 \$ 0.00 \$ 0.00 | |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is finance activity, including all contributions, loans, receipts, expenditures, disb campaign finance activity of all persons acting under the authority or on behalt activity of all persons acting under the authority or on behalt the sufficient of the suffin | ursements, in-kind contributions and | I liabilities for this reporting pe | riod and represents the |
| FOR CANDIDATE FILINGS | S ONLY: (CANDIDATE MU | IST SIGN BELOW) | ······································ |
| Affidavit of Candidate: (check 1 box only) | | | · · |

ate 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:

| Iht. Trum | 1/2/2013 |
|-----------------------------|----------|
| andidate signature (in ink) | Date |

John A. Frassica II Committee 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) | | ount | Occupation & Employer (for contributions of \$200 or more) | |
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| Line 9: Total | receints in access COCO / " | | ļ | | |
| lina 10. Tata | receipts in excess of \$50 (or listed above) | | | | |
| CHIC TO: TOTAL | receipts \$50 and under* (not listed above) | | | | |
| ome 11: TOT | AL RECEIPTS IN THE PERIOD | \$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

John A. Frassica II Committee

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 | unt |
|-----------|----------------------------------------|---------|------------------------------------|-------------|-----|
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| | | Line 12 | : Expenditures over \$50 | | |
| רו | Inton on my to the | | Expenditures \$50 and under* | | İ |
| E | inter on page 1, line 4 | Line 14 | 12. Line 13 should include only to | \$0 | 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

John A. Frassica II 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 |
|-------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------|
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| - | 1. | Line 15: | In-kind over \$50 | |
| | | Line 16: | In-kind \$50 and under | |
| | Enter on page 1, line 6 | Line 17: | Total In-kind | \$0.00 |

^{*} 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 |
|------------------|-------------------------|----------------------|-------------------|--------|
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| | | , | , | |
| | Enter on page 1, line 7 | Line 18: OUTSTANDING | LIABILITIES (ALL) | \$0.00 |

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