

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF WALTHAM

OT Massachusens	File with: City of Towa Clerk of Bledtion Commissi
Fill in Reporting Period dates: Beginning Date: 1/1	/2021 Ending Date: 12/31/2021
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Robert G. Logan	
Candidate Full Name (if applicable)	Committeeto Reelect Robert G. Logan
Councillor Ward 9	Committee Name Paula J. Logan
Office Sought and District	Name of Committee Treasurer
109 Taylor Street, Waltham, MA 02453	109 Taylor Street, Waltham, MA 02453
Residential Address	Committee Mailing Address
E-mail: Logan4Ward9@gmail.com	E-mail:Logan4Ward9@gmail.com
Phone # (optional):	Phone # (optional):
	, none w (optional).
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$4,025.72
Line 2: Total receipts this manied (upon 2.1)	
Line 2: Total receipts this period (page 3, line 11	\$0.00
Line 3: Subtotal (line 1 plus line 2)	
Since 3. Subtotal (line 1 plus line 2)	\$4,025.72
Line 4: Total expenditures this period (page 5, lin	ne 14) \$659.94
Line 5: Ending Balance (line 3 minus line 4)	\$3,365.78
Line 6: Total in-kind contributions this period (pa	age 6) \$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00
Line 8: Name of bank(s) used: Santander Bank	
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cinance activity of all persons acting under the authority or on behalf of this committee in tigned under the penalties of perjury:	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: check 1 bo	x only)
Candidate with Committee  1 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
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign
gned under the penalties of perjury:	Date: 1/13/2022

### **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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)	
ne 9: Total Receipt	ts over \$50 (or listed above)	\$0.00		
ne 10: Total Receip	ots \$50 and under* (not listed above)	\$0.00		
ne 11: TOTAL RE	CCEIPTS IN THE PERIOD	\$0.00	F-4	
	eceints of \$50 and under include them in line		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.

#### **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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1/19/2021	AOH Div 14	151 Watertown St, Watertown, MA 02472	Dues	\$55.00
11/1/2021	Microsoft	Redmond, WA	Software	\$106.24
1/19/2021	Waltham Sons of Italy	99 Cedar Street, Waltham, MA 02453	Dues	\$60.00
/arious	Zoom Video Communications	55 Almaden Boulevard Sixth Floor San Jose, CA 95113 USA	Subscription	\$137.70
	1	Line 12: Total Expenditures ov	er \$50 (or listed above)	\$358.94
		Line 13: Total Expenditures \$50	and under* (not listed above)	\$301.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	\$659.94

<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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	\$0/00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	\$0.00
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	\$0.00

<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.

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## **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
			·	
				-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) \$0.00				