

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report Municipal Form CITY OF

Office of Campaign and Political Finance

CITY OF WALTHAM CITY CLERK'S OFFICE

2019 OCT 28 P 3: 40

'vpe o	of Report: (Check one)	AND THE PARTY OF T
	day preceding preliminary	30 day after election  year-end report dissolution
mail: <u></u>	Anthony La Fauci Candidate Full Name (if applicable) Uncillor Ward 1 Office Sought and District  George St. Waltam, mp. 03458 Residential Address Anthonytor Waltam@gmail.com optional):	Committee to Elect Anthony Committee Name  Rachel Lofauci  Name of Committee Treasurer  76 Foxest St. Wultham, MA Occommittee Mailing Address  E-mail: Anthony for Waltham @ gmail. ( Phone # (optional):
	SUMMARY BALANCE	INFORMATION:
	Line 1: Ending Balance from previous report	
	Line 2: Total receipts this period (page 3, line 11)	\$ 4265.00
	Line 3: Subtotal (line 1 plus line 2)	
	Line 4: Total expenditures this period (page 5, line	14) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page	e 6)
	Line 7: Total (all) outstanding liabilities (page 7)	
	Line 8: Name of bank(s) used: ROCKIA	na Trust
rtify tha vity, inc nce activated und R CA Candid I certify activity	f Committee Treasurer:  It I have examined this report including attached schedules and it is, to the best of cluding all contributions, loans, receipts, expenditures, disbursements, in-kind convity of all persons acting under the authority or on behalf of this committee in acceler the penalties of perjury:  NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of date with Committee and no activity independent of the committee by that I have examined this report including attached schedules and it is, to the beginn of the committee in accordany liabilities nor made any expenditures on my behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting the authority or on the authority or	cordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:  Date:  Only)  est of my knowledge and belief, a true and complete statement of all campaign final redance with the requirements of M.G.L. c. 55.  I have not received any contribution

(Candidate's signature)

#### 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)	
10/15/2019	Antico, Anthony 22 Antico Circle, Waltham, MA 02451	\$500	Real Estate Owner Antico Development Co.	
10/15/2019 Babigian, Vasken 141 Lauricella Lane, Waltham, MA 02452		\$100		
10/15/2019 Bedrosian, Larry and Amy 80 Forest Street, Waltham, MA 02452		\$300	Retired	
10/15/2019	Brasco, Wayne 773 Moody Street, Waltham, MA 02453	\$100		
10/15/2019	Dagostino, Samuel 10 Dale Street, Waltham, MA 02451	\$100		
10/15/2019	DeVeaux, Matthew and Krysten 182 Harrington Ave, Waltham, MA 02452	\$100		
10/15/2019 Domenic DeJulio 18 Forest Park Drive, Waltham, MA 02452		\$250	Machinist  Queen Screw & Manufacturing, Inc.	
10/15/2019 Dragone, Richard 10 lvy Lane, Waltham, MA 02452		\$100		
10/15/2019	Ferriman, Douglas and Melissa 325 Bacon Street #6, Waltham, MA 02451	\$100		
10/15/2019 Guden, Daniel and Maureen 7 Chatham Lane, Waltham, MA 02452		\$100		
10/15/2019 LaFauci, Joseph 432 Main Street, Watertown, MA 02472		\$500	Office Manager LaFauci Tile and Marble Co., Inc.	
10/15/2019 LaFauci, Saverio and Carmela 17 Forest Park Drive, Waltham, MA 02452		\$1,000	Tile Installer Precision Tile & Marble Contractors, Inc.	
ine 9: Total Recei	pts over \$50 (or listed above)	3250		
ine 10: Total Rece	ipts \$50 and under* (not listed above)	*0		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
10/15/2019	LeBlanc, Robert and Ginette 257 Bishops Forest Drive, Waltham, MA 02452	\$200	Contractor LeBlanc Contruction	
10/15/2019	Noe, Carmelina 92 Randall Road, Revere, MA 02151	\$100		
10/15/2019	Rogers, Ernest 859 Emerson Gardens Rd, Lexington, MA 02420	\$100		
10/15/2019	Thomas, Jason and Jennifer 19 Rutledge Terrace, Waltham, MA 02452	\$75		
10/15/2019	Winn, Daniel and June 10 Brazeau Circle, Marlborough, MA 01752	\$200	Retired	
ine 9: Total Recei	pts over \$50 (or listed above)	B675		
		\$340		
			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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9-11-19	Latauci, Hothay	76 Forest St	Stuples Print Docs	\$ 199.54
9-20-19	La Fauci Anthony	76 Forest St.	TPI Solutions, Inc.	\$2654.13
10-13-19	LaFauci, Anthony	76 Focest St.	Staples print Docs	\$357.64
		Line 12: Total Expenditures	over \$50 (or listed above)	B 3,211.31
		Line 13: Total Expenditures	\$50 and under* (not listed above)	\$0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	\$3,211.3

<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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over 5	\$50 (or listed above)	
		Line 13: Expenditures \$50 ar	nd under* (not listed above)	
	Enter on page 1 line 4 -	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	

<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.

## 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			]	
[ <u>-</u>		Line 15: In-Kind Contribution	ns over \$50 (or listed above)	
		Line 16: In-Kind Contribution	s \$50 & under (not listed above)	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			CONTRIBUTIONS	

<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: - A - 1	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	

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