



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF WALTHAM
CITY CLERK'S OFFICE

2019 OCT 28 P 3:58

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 08/31/2019 Ending Date: 10/18/2019

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

ELIZABETH R.R. GEULES
Candidate Full Name (if applicable)
CITY COUNCILOR WARD 1 WALTHAM
Office Sought and District
80 JENNINGS ROAD, WALTHAM, MA
Residential Address
E-mail: LIZZIE@LIZZIEGEULES.COM
Phone # (optional): _____

LIZZIE GEULES COMMITTEE
Committee Name
NINA L. UDWIN
Name of Committee Treasurer
80 JENNINGS ROAD, WALTHAM, MA
Committee Mailing Address
E-mail: WNINA@GMAIL.COM
Phone # (optional): 781 330-1368

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1344.07</u>
Line 2: Total receipts this period (page 3, line 11)	<u>7599.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>8943.07</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>5260.21</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3682.86</u>
Line 6: Total in-kind contributions this period (page 6)	<u>1238.65</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>—</u>
Line 8: Name of bank(s) used:	<u>WATERTOWN SAVINGS BANK, WALTHAM, MA</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: _____ (Treasurer's signature)

Date: 10/26/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature)

Date: 10/26/19

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)
10/04/19	LYNN ALEXANDER 30LD SCHOOLHOUSE RD ANDOVER, MA 0810	100.00	
9/30/19	DM BEAUDOIN 53 MONUMENT ST CONCORD, MA 01742	150.00	
9/22/19	PETER BLYEBEN 161 CABOT ST CHESTNUT HILL, MA 02467	50.00	
10/14/19	PETER BLYEBEN 66 NORFOLK RD CHESTNUT HILL, MA 02467	100.00	
10/02/19	PATRICIA BONAFANTI 284 CONCORD ST GLOUCESTER, MA 01930	50.00	
9/26/19	ERICA BOURNE 28 ROBERT TREAT PAINE DR. WALTHAM, MA 02452	50.00	
9/3/19	GABRIELLE CARSCAWA - BOBROW 143 DALE ST WALTHAM, MA 02451	100.00	
9/20/19	JEFFREY BOURASSA 96 VALE ST. WORCESTER, MA 01604	100.00	
9/25/19	BRUCE BUTLER 6 DOYLE CIRCLE FRAMINGHAM, MA 01701	200.00	CONSULTANT DIALECTIC SIMULATION CONSULTING
9/23/19	JILL CARRERO 2475 EVA CIRCLE FLAGSTAFF, AZ 86005	100.00	
9/20/19	MATT CASEY 2 HARDY LANE ESSEX, MA 01929	100.00	
9/19/19	WENDY CASSITY 15 OXBOW RD LEXINGTON, MA 02451	100.00	
Line 9: Total Receipts over \$50 (or listed above)		1200.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/22/19	DEBORAH DRESSNER JOSE 53 WOODLAND RD WALTHAM, MA 02451	250.00	TEACHER NEWTON PUBLIC SCHOOLS
9/25/19	GLORIA KLEIN 25 BOXWOOD DRIVE KINGS PARK, NY 11754	150.00	
9/29/19	JONATHAN KLEIN 569 N. ROSS MORE AVE #409 LOS ANGELES, CA 90004	50.00	
9/20/19	HEATHER MAY 44 MOREMA AVE WALTHAM, MA 02451	50.00	
9/24/19	SUSAN MAKIEWICZ 9126 LINKS DR. FORT MYERS, FL. 33913	50.00	
10/14/19	JEANNE MCANN 14 CHATHAM CIRCLE WEBSTER, MA 02481	250.00	NOT EMPLOYED
9/20/19	DANIEL MILLER 88 LILBY ST. HINGHAM, MA 02043	50.00	
10/09/19	MATTHEW MOSS 4 DOUGLAS RD BELMONT, MA 02478	100.00	
9/29/19	EVALYN MURPHY 1443 BEACON ST. #809 BROOKLINE, MA 02446	200.00	ECONOMIST THE WAGE PROTECT. INC.
10/17/19	DAVID MULLEN 27 NORTHERN BOULEVARD NEWBURY, MA 01951	250.00	FINANCE NUANCE COMMUNICATIONS INC.
9/26/19	JENNIFER PATTON 39 CALDWELL RD WALTHAM, MA 02453	100.00	
9/23/2019	KATHY POLLOCK 31 VERANDA AVE TEWKSBURY, MA 01876	100.00	
10/14/2019	KATHY POLLOCK 31 VERANDA AVE TEWKSBURY, MA 01876	100.00	

Line 9: Total Receipts over \$50 (or listed above) 1700.00

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/23/2019	STEVE CHAMBERS 50 SURFSIDE LANE QUINCY, MA 02171	100.00	
9/25/19	MARK CORNER 27 JOYCE RD WAYLAND, MA 01778	50.00	
9/22/19	JACQUELINE CUTLER 75 BIRCHALL DR SCARSDALE, NY 01583	500.00	INTERIOR DESIGNER JACQUELINE D. CUTLER INC.
9/26/19	JANET DILLIONE 663 WEST BOOT ROAD WEST CHESTER, PA 19480	100.00	
9/29/19	MARK ETTINGER 1317 FLAGLER DRIVE MAMARONECK, NY 01543	1000.00	NOT EMPLOYED.
10/08/19	PEPPER FEE 30 BEACON ST. 4 CHELSEA, MA 02150	50.00	
9/28/19	WILLIAM H. GEULES 15 STORNEWAY RD CHAPPAQUA, NY	100.00	
10/12/19	LIZZIE GEULES/CANDIDATE 80 JENNINGS RD WALTHAM, MA 02451	500.00	IT ENGINEER NUANCE COMMUNICATIONS, INC
9/29/19	LIZZIE GEULES/CANDIDATE PHYLLIS GEULES 75 BIRCHALL DRIVE SCARSDALE, NY 01583	1000.00	NOT EMPLOYED
10/05/19	CHRISTINE GUERRERO 34 BERKELEY ST SOMERVILLE, MA 02143	50.00	
9/20/19	JESSICA HOLLAND 50 SUMMIT ST. WALTHAM, MA 02451	100.00	
9/21/19	DAWN HOWARTH 640 REEF RD VERO BEACH, FL. 32963	100.00	
9/24/19	LORI JOHNSON 3357 GUIDO ST. OAKLAND, CA 94602	50.00	

Line 9: Total Receipts over \$50 (or listed above) **3700**

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/24/19	JULIE ROCHON 44 GERMAIN AVE SEADFORD, MA 01835	50.00	
9/20/19	LIZ SANDEMAN 5 LAKEWOOD DRIVE MEDFIELD, MA 02052	50.00	
9/25/19	CORA SORGER 21 N. MAIN ST. #7 IPSWICH, MA 01938	50.00	
9/26/19	JULIE SCHWARTZ 52 ORANGE ST #2 WALTHAM, MA 02453	100.00	
9/19/19	SHIRLEY TRATTE 69 LURA LANE WALTHAM, MA 02451	50.00	
10/12/2019	NINA UDWIN 80 JENNINGS RD WALTHAM MA 02451	250.00	ADMINISTRATIVE ASSIST. NEW ENGLAND DONOR SERVICES.
10/17/2019	DIANA YOUNG 147 BISHOPS ACREST DR. WALTHAM, MA 02452	50.00	
Line 9: Total Receipts over \$50 (or listed above)		600.00	
Line 10: Total Receipts \$50 and under* (not listed above)		399.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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.

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
10/17/2019	ACT BLUE	P.O. BOX 441146 SOMERVILLE, MA 02144.	CUMULATIVE SERVICE FEES	249.13
9/17/19	ANNAS PIZZA	873 MAIN ST WALTHAM, MA 02451	FOOD FOR VOLUNTEERS	157 157.78
9/12/19	BOSTON BUSINESS PRINTING	115 BROAD ST BOSTON, MA 02110	POSTCARD MAILING	1447.73
10/07/19	EAST COAST PRINTING	2 KEITH WAY #5 HINGHAM, MA 02043	POSTCARD MAILING	668.13
9/26/19	GO UNION PRINTING	2600 DR. MLK JR. N #302 ST PETERSBURG FL 33704	YARD SIGNS	324.76
9/30/19	GO UNION PRINTING	2600 DR. MLK JR N ST PETERSBURG #302 FLORIDA 33704	LITERATURE	435.97
10/15/19	GO UNION PRINTING	2600 DR. MLK JR N. ST PETERSBURG #302 FL. 33704	POSTCARD MAILING	775.12
10/05/19	JAKE 'N JOES SPORTS BAR	70 MARKET PLACE DR. WALTHAM MA 02451	KICK-OFF PARTY	624.30
9/17/19	MB SPIRITS MARKET BASKET	110 MKT PLACE DR. WALTHAM, MA 02451	BEVERAGES FOR VOLUNTEERS	81.34
10/04/19	POST OFFICE	776 MAIN ST WALTHAM MA 02451	STAMPS AND POSTAGE	59.40
9/16/19.	STAPLES	800 LEXINGTON ST WALTHAM MA 02451	LITERATURE	257.57.
Line 12: Total Expenditures over \$50 (or listed above)				5081.23
Line 13: Total Expenditures \$50 and under* (not listed above)				178.98
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				5260.21

* 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 B: EXPENDITURES (continued)[illegible]

* 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/17/2019	LIZZIE GELLES/ CANDIDATE	80 JENNINGS RD WALTHAM, MA 02451	BEVERAGES FOR VOLUNTEERS	81.34
9/30/2019	LIZZIE GELLES/ CANDIDATE	80 JENNINGS RD WALTHAM, MA 02451	PRINTING OF LITERATURE	435.97
9/12/2019	NINA UDWIN	80 JENNINGS RD WALTHAM MA 02451	POSTAGE	650.85
Line 15: In-Kind Contributions over \$50 (or listed above)				1168.16
Line 16: In-Kind Contributions \$50 & under (not listed above)				70.49
Line 17: TOTAL IN-KIND CONTRIBUTIONS				1238.65

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
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				