

FILE COPY

Form CPF M 102: Campaign Finance (Reported accepts Municipal Form

Office of Campaign and Political Finance 2013 JAN 22 P 1:32

REPOORER

	NECOUNED
File with: City or Town Clerk or Election Commission	1/20/2013
Reporting Period - Beginning: 1/1/2012	Ending: 12/31/2012
Type of report: Year-end	
John Graceffa	The Committee to Elect John Graceffa
Full Name of Candidate	Committee Name
School Committee/Waltham	William Nurse
Office Sought/ District	Name of Committee Treasurer
60 Forest Street	60 Forest Street
Waltham, MA 02452	Waltham, MA 02452
Residential Address	Committee Address
SUMMARY BALANCE Ending Balance from previous rep Total receipts this period: Subtotal: Total expenditures this period: Ending Balance: Total inkind contributions this Total outstanding liabilities: Name of bank(s) used: Rockl	\$3,314.44 \$0.00 \$3,314.44 \$0.00 \$3,314.44
Affidavit of Committee Treasurer: I certify that I have examined this report, including attached belief, a true and complete statement of all campaign finance expenditures, disbursements, inkind contributions and liability finance activity of All persons acting under the authority or requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (in ink) Affidavit of Candidate (check 1 box only):	activity including all contributions, loans, receipts, ties for this reporting period and represents the campaign
Candidate with Committee and no activity independer I certify that I have examined this report, and attached schec true and complete statement of all campaign finance activity, this committee in accordance with the requirements of M.G.L. any liabilities nor made any expenditures on my behalf during	dules and it is, to the best of my knowledge and belief, a of all persons acting under the authority or on behalf of c. 55. I have not received any contributions, incurred

Candidate without Committee OR candidate with independent activity filing separate report.

disbursements, inkind 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

I certify that I have examined this report and 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,

Signed under the penalties of perjury:

requirements of M.G.L. c. 55.

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.

Date	Name and Residential Address	Amount	Occupation and Employer
	ized Receipts emized Receipts ipts	\$0.00 \$0.00 \$0.00	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Dat	te Name and Address	Amount	Purpose
Total	Itemized Expenditures Unitemized Expenditures Expenditures	\$0.00 \$0.00 \$0.00	

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Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Unit	ized Inkind Contributions emized Inkind Contributions nd Contributions	\$0.00 \$0.00 \$0.00	

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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 the liabilities incurred during this reporting period.

Date To Whom Due

Amount Purpose

Total Outstanding Liabilities

\$0.00

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