

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 A II: 22

		•		2019 OCT 28	A II: 22	
Fill in	Reporting Period dates: Beginning Date:	1/1/19	File wit	h: City or Town Clerk	or Election Commissio	
Type o	of Report: (Check one)	_			(I)	
	·		185	silenta and a second	and the same of the same of	
5	day preceding preliminary 8th day preceding ele	ction 3	30 day after election \[\sum_3	year-end report	dissolution	
() = 1) (JOHN Mc Quahlin		John Mclaugh	lin Conyr	vitte o	
Walt	Dem City Cours for Ward 4	_	Vianne M	nittee Name	tha	
-42	Residential Address MA 02	2453 8	5 Large of Con	mmittee Treasurer	MA 17453	
E-mail:	Imlaughting 6 act. com	E-m		Mailing Address	+ 0000	
Phone # (of	silonal):	Pho	ne # (optional):	T GEFTIEN	1.00117	
	SUMMARV DAT	ANCEN	TORKE			
	SUMMARY BAL		FORMATION:			
	Line 1: Ending Balance from previous repor		\$ 4592.7	9		
	Line 2: Total receipts this period (page 3, lin	ne 11)	(oDD: D	0		
·	Line 3: Subtotal (line 1 plus line 2)		5192.7	9		
	Line 4: Total expenditures this period (page	5, line 14)	425.00			
	Line 5: Ending Balance (line 3 minus line 4)		8 4767.7	9		
	Line 6: Total in-kind contributions this period	d (page 6)	B			
	Line 7: Total (all) outstanding liabilities (pag	e 7)	8			
	Line 8: Name of bank(s) used:	foun (Savinas Bank			
Affidavit of Co	ommittee Treasurer:					
certify that I h	ng all contributions, loans, receipts, expenditures, disbursements, in-	e best of my kno	wledge and belief a true and as well			
inance activity	ng all contributions, loans, receipts, expenditures, disbursements, in- of all persons acting under the authority or on behalf of this committee	kind contribution	ns and liabilities for this reporting per	te statement of all cam	paign finance	
igned under ti	he penalties of perjury:	latis	with the requirements of M.G.L. c. (Treasurer's signature)	55. Date: 10/2	7/19	
OR CAND	IDATE FILINGS ONLY: Affidavit of Candidate: (check	1 box only)			31/1	
Candidate	with Committee				1	
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 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						
Tertify that I have examined this many include:						
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.						
	e penalties of perjury:	uns candidate in	and the requirements of	of M.G.L. c. 55.	27-20/9	
			(Candidate's signature)		1-20/7	

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.)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
9117119	Carolyn Campbell 58 Aldie St, Alliston, MA 52134	100 -		
9117119	MA=NO NE Laborers Distaura 7 Laborers Way Hopkington, MA 01748	500 -		
		-		
Line 9: Total Receip	ts over \$50 (or listed above)	600 -		
	ots \$50 and under* (not listed above)	\$		
	ECEIPTS IN THE PERIOD	* (000)	← 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)
			(101 contributions of \$200 of more)
		and the second second	
0. T. : 15	4 050 (11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	ts over \$50 (or listed above)		
ne 10: Total Receip	ots \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
f you have itemized re	eceipts of \$50 and under, include them in line	9. Line 10 shoul	d 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.)

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
5/16/19	Fitzgeraud PTO	140 Beal Rd	5K Sponsor	
		Wartham, M12 02453	DK Spoi Boi	\$ 175 -
	The said of Corola laid o			
4/25/19	Friends of Saint-Jude	175 Main St	SY SOMMAY	\$ 250-
1120/11		Waltham, MA 02453	2 y Opar 301	200
	415			
		Line 12: Total Expenditures ove	r \$50 (or listed above)	425-
Line 13: Total Expenditures \$50 and under* (not listed above)			Ø	
				W 110 Z
	L	include them in line 12. Line 13 sho		\$ 425

^{*} 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)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
				10 3 L - 20 M - 10 M - 20 M -	
		Line 12: Expenditures over \$50	(or listed above)		
		Line 12: Every diteres 050			
		Line 13: Expenditures \$50 and to	inder" (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		
fuon hous itamis		include them in line 12. Line 13 sh	The state of the s	7444	

^{*} 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
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	550 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	

^{*} 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	
	-				
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				