



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF WALTHAM
CITY CLERK'S OFFICE

2019 SEP -9 A 9:28

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/1/19 Ending Date: 9/7/19

Type of Report: (Check one)

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

Jonathan Paz
Candidate Full Name (if applicable)
Waltham city council, ward 9
Office Sought and District
109 Chestnut St. 109 Taylor street, APT 4, Waltham MA
Residential Address
E-mail: pazforwaltham@gmail.com
Phone # (optional):

Committee to Elect Paz
Committee Name
Eric Levine
Name of Committee Treasurer
173 Newton street, unit 3, Waltham MA 02453
Committee Mailing Address
E-mail: pazforwaltham.treasurer@gmail.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	n/a
Line 2: Total receipts this period (page 3, line 11)	3,179
Line 3: Subtotal (line 1 plus line 2)	3,179
Line 4: Total expenditures this period (page 5, line 14)	1404.99
Line 5: Ending Balance (line 3 minus line 4)	1,774.01
Line 6: Total in-kind contributions this period (page 6)	526
Line 7: Total (all) outstanding liabilities (page 7)	269.01
Line 8: Name of bank(s) used: Rockland Trust	

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: 9/7/19

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:

date	name	address	address 2	amount	occupation
8/29/2019	Baclawski Carol	35 Fairmont Ave.	Waltham, MA 02453	\$ 50.00	
8/2/2019	Breton Andrew	50 hall st, unit 1	boston, MA 02130	\$ 100.00	
6/22/2019	Elugardo Nika	32 Sheridan Street	Jamaica Plain, MA 02130	\$ 50.00	
6/13/2019	Fernandez Daniel	2713 Young Avenue #1	Bronx, NY 10469	\$ 100.00	
8/11/2019	STEIN NADENE	47 LOWELL STREET	WALTHAM, MA 02453	\$ 50.00	
7/15/2019	Baclawski Carol	35 Fairmont Ave.	Waltham, MA 02453	\$ 100.00	
5/23/2019	Baclawski Carol	35 Fairmont Ave.	Waltham, MA 02453	\$ 200.00	retired
6/22/2019	Bakshi Michael	PO Box 69	Nutting Lake, MA 01865	\$ 75.00	
6/22/2019	Bays Caroline	110 Lovell Rd	watertown 02472	\$ 75.00	
6/21/2019	Calvo Lidia	42 Moore Street	East Boston, MA 02128	\$ 50.00	
8/18/2019	Committee to elect James Eldridge	p.o. box 641	Action 01720	\$ 100.00	
6/17/2019	Dougherty Ann	119 Mokema Ave	Waltham, MA 02452	\$ 50.00	
6/22/2019	Jeffrey Hall	67 underwood ave	newton 02465	\$ 100.00	
8/29/2019	kelley michael	46 pond street	boston 02343	\$ 100.00	
6/22/2019	Kelley Michael	46 pond street	holbrooke 02343	\$ 200.00	union organizer local 888
8/2/2019	Kelley Michael	46 pond street	holbrook 02343	\$ 200.00	union organizer local 888
6/10/2019	Magnuson Krista	83 Wyman St	Jamaica Plain, MA 02130-1904	\$ 100.00	
8/29/2019	Mcintosh David	1 Prescott Street apt 1	boston 02129	\$ 50.00	
6/18/2019	Mutwewingabo John	76 Parker street	Acton, MA 01720	\$ 70.00	
6/22/19	Margaret Mary Najimy	243 boyleston street	watertown 02472	\$ 50.00	
8/29/2019	O'Connor Justin	118 Green St	Woburn, MA 01801	\$ 50.00	
8/29/2019	parker trent	2 dighton street unit 3	brighton 02135	\$ 60.00	
7/29/2019	Rodrigues Brenda	375 Prospect St	Brockton, MA 02301	\$ 50.00	
6/18/2019	Schwartz Julie	52 Orange St #2	Waltham, MA 02453	\$ 100.00	
6/10/2019	Toh Fern	155 Spruce St	Waltham, MA 02472	\$ 100.00	

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)
Line 9: Total Receipts over \$50 (or listed above)		2,230	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		949	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3,179	

* 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)[illegible]

* 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
6/22/19	Bellido, Marco	105 2nd street Marlborough, MA 01752	reimbursement - food for campaign event	275.8
9/5/19	Biron, Molly	59 Burroughs RD, Boxborough MA 01719	reimbursement - travel costs	127
8/28/19	BJ's wholesale club	6 Seyon St, Waltham, MA 02453	food for campaign event	195.51
9/5/19	Levine, Eric	173 Newton Street, Waltham ma 02453	reimbursement - postage	110
7/24/19	Massachusetts Democratic Party	11 Beacon St Suite 410, Boston, MA 02108	vote builder software	500
6/22/19	Painter, Mariah	1640 Worcester rd, apt 101D Framingham, MA 01702	reimbursement - food for campaign event	108.59
Line 12: Total Expenditures over \$50 (or listed above)				1,316.9
Line 13: Total Expenditures \$50 and under* (not listed above)				88.09
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1404.99

Enter on page 1, line 4 →

* 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
6/22/19	Naveen Pawar,	85 upton road, Waltham MA 02452	beverages for campaign event	480
		Line 15: In-Kind Contributions over \$50 (or listed above)		480
		Line 16: In-Kind Contributions \$50 & under (not listed above)		46
Enter on page 1, line 6 →		Line 17: TOTAL IN-KIND CONTRIBUTIONS		526

* 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
9/5/19	617 Media Group	282 Moody St Suite 314, Waltham, MA 02453	campaign materials/mailers and postage costs	269.01
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				269.01



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		9/5/19
Name of Individual Being Reimbursed:	Eric Levine	
Committee Name:	Committee to Elect Paz	
CPF ID Number (if applicable):		Telephone Number (optional):


ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/5/19	Star Market	2040 Commonwealth Ave, Auburndale MA 02466	postage stamps for campaign mailers	110

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 9/7/19

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		6/22/19
Name of Individual Being Reimbursed:	Sagie Tvizer	
Committee Name:	committee to Elect Paz	
CPF ID Number (if applicable):		Telephone Number (optional):


ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	
Line 2: Expenditures \$50 or under (not itemized):	40.96
Line 3: TOTAL AMOUNT REIMBURSED:	40.96

Signed under the penalties of perjury:



Signature of Candidate / Treasurer

Date: 8/7/19

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth
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Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

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Date of Reimbursement:		6/22/19
Name of Individual Being Reimbursed:	Mariah Painter	
Committee Name:	Committee to Elect Paz	
CPF ID Number (if applicable):		Telephone Number (optional):


ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
6/22/19	market basket	110 Market Pl Dr, Waltham, MA 02451	food/supplies for campaign launch party	108.59

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	108.59
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	108.59

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 9/7/19

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth
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Form CPF R 1: Itemization of Reimbursements

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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		9/5/19
Name of Individual Being Reimbursed:	Molly Biron	
Committee Name:	Committee to Elect Paz	
CPF ID Number (if applicable):		Telephone Number (optional):


ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/5/19	Molly Biron	539 Burroughs RD boxborough MA 01719	travel expense reimbursement	127

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	127
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	127

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 9/7/19

Please prepare a separate report for each reimbursement check issued by the committee.



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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		6/22/19
Name of Individual Being Reimbursed:	Marco Bellido	
Committee Name:	Committee to Elect PAz	
CPF ID Number (if applicable):		Telephone Number (optional):


ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
6/22/19	Brother's Market	383 Lincoln street, marlborough MA	food for campaign kick off party	275.8

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	275.8
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	275.8

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 9/7/19

Please prepare a separate report for each reimbursement check issued by the committee.