

Form CPF M 102: Campaign Finance Report

Municipal Form WALTHAM Office of Campaign and Political Finance FFICE

2016 OCT -9 P 2: 10

			.010	File with: City or Town	Clerk or	Election Commission
Fill in Reporting Period dates: Beginning Date: 0	01/01/2	2018	Ending \	Date: U 10/31/201	8	
Type of Report: (Check one)						
8th day preceding preliminary 8th day preceding election	on [] 30 day	after election	year-end repor	rt 🗵	dissolution
Joseph Giordano		Commit	tee to Ekect Joe			
Candidate Full Name (if applicable) Councilor Ward 7		Paul Ma	nganelli	Committee Name		
Office Sought and District				me of Committee Treasur	er	
74 Morton Street Waltham, MA 02453		104 Wa	rren Street Walt	ham, Ma 02453		
Residential Address			Co	ommittee Mailing Addres	S	-
E-mail: joegward7@verizon.net		E-mail:		cbsfinlpln@comcas	t.net	
Phone # (optional): 781-724-7244		Phone # (o	ptional):	781-891-5	5810	
SUMMARY BALA	NCE	INFO	RMATION:			
Line 1: Ending Balance from previous report				469	99.77	
Line 2: Total receipts this period (page 3, line	11)					
Line 3: Subtotal (line 1 plus line 2)				469	99.77	
Line 4: Total expenditures this period (page 5,	, line 1	4)		469	99.77	*
Line 5: Ending Balance (line 3 minus line 4)					0	
Line 6: Total in-kind contributions this period	(page	6)		117	77.23	
Line 7: Total (all) outstanding liabilities (page	Line 7: Total (all) outstanding liabilities (page 7)				0	
Line 8: Name of bank(s) used: Watertown Savir	Line 8: Name of bank(s) used: Watertown Savings Bank					
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the etivity, including all contributions, loans, receipts, expenditures, disbursements, in-k inance activity of all persons acting under the authority or on behalf of this committe igned under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check Candidate with Committee and no activity independent of the committee	cind contr	ributions a ordance wi	nd liabilities for this	reporting period and reprof M.G.L. c. 55.	resents the	
I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee is incurred any liabilities nor made any expenditures on my behalf during this report	in accord	ance with t				
Candidate without Committee OR Candidate with independent activity filin I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on behalf or	o the best nents, in-l of this cor	of my kno kind contri	butions and liabilitie	es for this reporting period	d and repr	
igned under the penalties of perjury:	1)		(Candidate's	Date:	10	31 18

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)
	-		
		,	
		2	
ine 9: Total Recei	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS 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)
	(airphaseciear isting required)	Amount	(for contributions of \$200 of more)
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		J#	
	,		
-			
:			
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS 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.)

report all expen		mittee name and a page number o	on each page.)	
Date Paid	To Whom Paid	Adduses	Duumaga of Euman dituus	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
01/11/2018	Joseph Giordano	74 Morton Street Waltham, MA 02453	Campaign expenses	1647.10
02/09/2018	Muckfest - Muscular Sclerosis	74 Morton Street Waltham, MA 02453	Donation	250.00
05/21/2018	Fitzgerald School PTO	Beal Road Waltham, MA 02453	Donation	125.00
06/17/2018	Waltham Lions Club	73 Warren Street Waltham, MA 02453	Donation	100.00
10/08/2018	Girl Power to Cure	74 Morton Street Waltham, MA 02453	Donation	100.00
10/08/2018	Waltham Lions Club	73 Warren Street Waltham, MA 02453	Donation	91.44
10/08/2018	Jospeh Giordano	74 Morton Street Waltham, MA 02453	Payoff Liabilities	2386.23
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	4699.77
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	4699.77

^{*} 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
	(urphabetteat insting)	1xuu ess	Turpose of Expenditure	/ Amount
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				,
Line 12: Expenditures over \$50 (or listed above)				
	Line 13: Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	

^{*} 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
10/08/2018	Joe Giordano	74 Morton Street Waltham, MA 02453	Forgiveness of outstanding Liability	1177.23
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

^{*} 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
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			,	
	/ .			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	