

# Form CPF M 102: Campaign Finance Report Municipal Form CITY CLERK'S OFFICE

Office of Campaign and Political Finance

2017 OCT 31 P 2: 41

File with: City of Foun Ork of Edglion Commissi
Fill in Reporting Period dates: Beginning Date: 1/20/7 Ending Date: 10/20/17
Type of Report: (Check one)
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution
PATTUCIC J. O' BRIEN  Candidate Full Name (if applicable)  Committee Name  Committee Name  Committee Name  Committee Name  Committee Name  EUGENE O BRIEN  Name of Committee Treasurer  PS RAVENSULOD ROAD  Residential Address  E-mail: patricks 248 @ smail. Com  Phone # (optional):  Phone # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)  1,042,19
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: ROCILLAND TRUST
Affidavit of Committee Treasurer: 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 ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign inance 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.  igned under the penalties of perjury:  (Treasurer's signature)  Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the 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.
Candidate without Committee OR Candidate with independent activity filing separate report  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 of on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Date:
igned under the penalties of perjury:

### \$50 or less (2)

#### 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.

report an receipts. 1	lease include your committee name and a pa	ge number on ea	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/16/17	John Barry Wal 77 Banking Me 02451	\$35.00	
3/16/17	Ar mar + Kathleen Bergeron 17 Windsor Terr Days	\$50.00	
3/16/17	72 ich and Plustein 46 blenn Cide 08461	\$75. W	
3/16/17	Hans Brings 02452 117 Thornfun Ted	\$50.00	
3/16/17	Brysm 163 Raunsword	M35.00	
3/16/17	Levise Tutter 1625 Trapelo Rd 02457	\$ 25 .00	
3/16/17	Town Callahan 47 Overlook Ad 02451	\$10.00	
3/16/17	11 Dorchester St 03453	\$ 35. W	
3/16/17	Jim Constofori 124 Summit St O2481	\$ 50.00	
3/16/17	Dorothy Collara 249 Lake ST 02451	\$35.00	
3/16/17	Donald F. Cusand 1332 Trapelo Blosys	\$50. n	
3/16/17	George Darcy 93 Hobbs Rd V02453	\$35.a	
Line 9: Total Recei	pts over \$50 (or listed above)	6405	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	2885	
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	9290	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### \$50 + less (2)

#### 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.

Topos and Toolipus, 2	rease include your committee name and a pa	l la maniper on c	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/16/17	David DeMarco 170 Clocktower Dr	\$50	
	#405 02452		
3/16/17	Anthony + Judy Fersitu 67 Porter Rd 02452	\$50	
3/16/17	Santo Fanara ál Christopher The 02451	\$50	
3/16/17	Nicholas Tannelli	#75	
	41 Beaver Brode 12d 02452		
3/14/17		\$50	
3/16/17	Bill + Donna 02451 Lacwell 14 Upland Dd	\$50	
3/16/17	Diane LeBlanc 55 Bendey St 02451	#50	
3/14/17	Betty LeDlane 1661 Trapelo R/02451	K25	
7/14/17	Lisa Limonciello 176 Robbins St 02457	\$50	
3/16/17	Caurence Cynnworth 77 Graymore Rd 02487	\$35	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
YC 1 1 1		0 T' 10 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### \$50 7 less (=)

#### 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 Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/16/17	Tom + Erneshne Magne	\$50	
	68 Raffaele Dr 02452		
3/16/17	Elaine Maher 163 Plympton St 09451	\$35.00	
3/16/17	Jeannette Malarty 91 Hamilton Rd Ogys P	\$50.00	
3/16/17	Angelina Mullaney 149 Mallard Way 04452	450	
3/16/17	Jim + Rosie ODvoln	\$50.0	
	8 Wall Ct Arlington 02476		
3/16/17	Sean OBvien 118 West Emissin St	\$25.4	
	Apt. 5. Melvose, MA 02176		
3/14/17	Lynne O'Halloren 19 Medisa Ted 0245	450	
3/16/17	Michael O'Hallovan 19 Madrsm The 0245)	50	
3/16/17	Jenniler Pattan 39 Caldwell Ted 02452	\$30	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

450) 4 less (4)

#### **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 Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/14/17	Paul Pavone 37 Amherst De	F	(101 contributions of \$250 of more)
3/16/17	Joseph Quagliozzi 43 Upland Rd 04451	#50	
3/16/17	Penny Scharfman 258 Florence Tol 0245	435	
3/16/17	Marysetu Newell 29 Valley Vitw Toppars	<i>\$75</i>	
3/16/17	Janet Nelson 64 Wethersee BO 12451	\$75	
3/16/17	74.1 Ste Marie 28 Antum Lane Dáts	\$10	
3/16/17	Anne + Peter Stonen 26 Haven Rd	#50	
	Wellesley 02481		
3/16/17	Teddy Tavallo (02451) 14 Mount Walley Tel	\$25	
3/16/17	John + Cathy Vieira	475	
	30 Oalcher Karl		
3/16/17	Joe Vitard 277 Main St 08457	£40	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

\$50 or Us (5)

#### **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.

report an receipts.	Please include your committee name and a pa	rge number on ea	, , , , , , , , , , , , , , , , , , , ,
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/10/17	Robert Waddick 129 Church St 02452	\$50°0	
3/16/17	Dong Way bright	\$35°	
	Westfird, MA, 01886		
3/16/17	( Olin Young 149 Ash St 02450	450	
10/5/17	John + Judy Brange 103 Rollander Tul 0248	A50	
10/5/17	Paul Barrel 12495	\$1 25	
10/6/17	Sus an Dunstein 12 Tolman St 02457	<b>\$</b> 75	
10/8/17	14 aus Brings 02457 117 Morton Md	\$50	
10/5/17	Pat Burice 1350 Columbia Rol	\$20	
	Apt 215 O2127 South Joston		
10/5/17	Gerry Casez 11 Dorchester St 02457	#75	
10/5/17	Wendy Durkin Sudbury To Lakewood Dr my	435	
Line 9: Total Recei	pts over \$50 (or listed above) 01776		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

\$50 er Less (6)

#### 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 Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/5/17	Anthony Ferolity 6 J Porter 12 days	\$50	
10/5/17	Roseman Geary I2 Old Frammissam Tol	\$25	
	Vait 47 Sudbury, MA 01776		
10/5/17	Nicholas Iannelli 41 Bearn Brude M	475	
	02.452		
10/5/17	Elain Mahn 167 Phympton St	#75	
	02451		
10/5/17	Maureen Mahn 163 Plynptry St	875	
	02457		
10/5/17	Sue Mende 10 Hobber Rd	#35	
	Wayland 01778		
10/8/17	255 Concord Tel	us \$75	
Line 9: Total Recei	pts over \$50 (or listed above) Why last		
Line 10: Total Recei	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

\$50 or lass (7)

#### SCHEDULE A: RECEIPTS

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report an receipts. 1	rease include your committee name and a pa	ige number on ea	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/5/17	Kathy ODvien 8 Drathe Dr # 8	\$75	
	Arlington, MA 02474		
10/5/17	Emma Richard 190 Moody St #319	A75	
	0 2457		
10/5/17	Lillian Santangelo Le Elm Me 02483	125	
10/5/17	Penny Scharman 258 Florence Md	\$25	
	02453		
10/5/17	Anne Shinney 243 Wessagnsett W	455	·
	No. Weymarch, 02191		
10/5/17	Matthew String 13 Wompatuck Will	\$50	
	Hagham, MA		
10/5/17	John + Cathy Villa 30 Maidey Lave 02459	175	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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### \$50 or less (8)

#### SCHEDULE A: RECEIPTS

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	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
10/5/17	Bob Waddick 129 Church St	\$50	
	02452		
1 olslin	Dong Waybright 17 Dontwell Hill To	1 475	
	Westford, MA01886		
1 ulsli7	Jour Dary Q2451 77 Danbuy Me	175	
iolslin	Joan Callahan (245) 47 Overlook Rd (245)	\$10	
10/4/17	Jim + michelle Cuistofori	#50	
	678 Trapelo Rand 02452		
10/5/17	Dan Ensand 1332 Trapels Tel	\$50	
	02451		
10/4/17	Dorothy Canelet 16 Shakespeane The	\$25	
	02457		
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

\$50 or less (9)

#### SCHEDULE A: RECEIPTS

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report an receipts. P	lease include your committee name and a pa	ige number on e	13,
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/5/17	John Snededen  22 Hardy St Q453  Steven + Patrician Wode	\$ 50 \$ 50	
10/5/17	Steven + Patrician Wade	£50	
	106 Mountain Rod Concord, NH07701		
,			
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

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### More than \$50 (p-1)

#### 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.

report all receipts. P	Please include your committee name and a pa	ge number on ea	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/5/17	Juluan Antico Vays	\$250	President Antico Ompany
7/16/17	( )	\$250	/(
3/16/11	Harold + Betty Arnold 4113	#70	
	Charleshank Wing		
3/16/17	Wayne Brased 773 Moody St 02453	\$100	
3/16/17	Tassos Anastasion 2 Virginia Rd 02457	\$75	
3/16/17	Patricia Arnold 331 Florence Th	\$70	
3/16/17	Robert Connows 6 Leveryton St Fred Fl	Mod	
10/8/17	1. 02452	\$100	
3/16/17	Dervice 108 Rainon	100	(rehild)
i olsti1	trd 02457	100	(rehied)
3/16/17	Dennis Deveney 8 Hillsi'de The Welley	8100	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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### more man \$50 (p2)

#### SCHEDULE A: RECEIPTS

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Toport un receipts.	riease include your committee name and a p	age number on ea	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/5/11	Dennis Dereng 8141/side Rohl	<sup>su</sup> lov	
	Wellester 02481		
3/16/17	Thomas + Diana Dusel	*700	President Holls Trade Office Pards
	397 Ipswich Tal		225 Wyman ST Walmam, MA 02451
	Boxford, MA 01821		
10/5/17	(1	\$700	<i>l c</i>
3/16/17	1 Certis Gillard PO Box 6348	200	President Huliday Fun
	Cincoln, MA 01773		385 Winter St
3/16/17	Toe Coiondand 74 montos St 02457	175	Waltham MA 02451
3/16/17	Toe Goode 8 Clements Ted	\$(00	
culstin	02457	\$100	
3/16/17	Paul Katz 02452 89 Cedarwood Mc	\$70	
Line 9: Total Receip	pts 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

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

MON Man \$50 (F ]

#### 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.

	Name and Residential Address	1	Occupation & Employer
Date Received (alphabetical listing required)		Amount	(for contributions of \$200 or more)
10/5/17	2 Poplars St	100	
	Danner, MA		
10/5/17	Paul Los Cocco 27 A Jacquelin Tal	100	
	02452		
3/16/17	85 Rici St, Ste 114	875	
	Waltuam 02457		
10/5/17	1¢	475	
10/5/17	6 eorge Michael 1122 Trapelo Tel	700	Circa Duib Gas Station
Idslin	02451		
Colstin	New England Laborers' Disturt	\$500	
	Connail Vay The sign ton MA		
\1	Hopianton MA		
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## More than \$50 (page 4) 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.

report an receipts. 1	rease include your committee name and a pa	ige number on ea	
Name and Residential Address Date Received (alphabetical listing required) Amou		Amount	Occupation & Employer (for contributions of \$200 or more)
3/16/17	Lon Nocera 45 Azalen Ped	1100	
	02452		
10/5/17	1.	\$100	
3/14/17	John Noone 145 Boston Post Tel	\$150	
	Westin MA 02493		
3/14/17	Gene + Marie O'Drien	\$300	He trist
	95 Ramsund M		
10/5/17	Gene + Carol	\$100	·
	137 Provitor Tul 0245)		
3/16/17	Mile 0 1/tallorun 29 madison Tal 1245)		
3/16/17	Quentin Olwell 38 Miriam Palo2481	* 200	Software Reconstin
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## More than \$50 (page 5) 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.

report all receipts. I	Please include your committee name and a pa	ige number on e	ach page.)
Name and Residential Address  Date Received (alphabetical listing required) Amount		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
3/16/17	Errest Pallazzde 40 Wetherbus Tal	6	
] 2/16/11	40 Wesher Tol	8100	
10/5/17		di	
1018111	1.	\$1,00	
3/11/12	John Reardon	150	
3/16/17	73 Charle Lane	150	
10/5/17	02451	4 (-1)	
1018111	<i>j</i> c	150	
	(		
3/14/17	long sersi	8 / 41 0)	
2/14/11	6ny Sersi 29 Christophen Tel	\$100	
	02451		
	$U \propto 75$		
-1.1.	And Shinney	de	
3/16/17	Anne Shinney 243 Wessagussett	#100	
	a 12 Wessagnsseff		
	72d		•
	No. Weymouth 02191		
-1.1.	Peter Trombles	\$100	
3/16/17	Peter Trombles 36 Summit St	100	
	02421		
1		14	
3/16/17	Chrs Tullo 7 Oak & O2482	4100	
	7 Oak & 02483		
, ,		1	
Idstir	1/	100	
201000			
Line Q. Total Decai	pts over \$50 (or listed above)		
Line 9. Total Recel	his over \$20 (or usied above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* TC 1 '. ' 1		0 7 1 10 1 1	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

More than \$50 (p6)

#### SCHEDULE A: RECEIPTS

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report an receipts. I	rease include your committee name and a pa	ige number on ea	
Date Received	Name and Residential Address Date Received (alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more)
3/16/17	Michael Tullo 7 O alc 57 0245)	100	
10/5/17	l i	100	
3/16/17	Meg Wade 79 Livingston Cir	100	
10/5/17	Needham 02482	100	
3/16/17	James Walsh 2 Marshall Place	100	
	Chartestown MA 02129		
3/16/17	Penny 9-ebba 62 Mellinley St	70	
	Everett MA		
3/16/17	Jan Enpre 12 Alberrary Rd	75	
	02452		
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### ore \$50 (P2)

#### 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			
3/4/17	Bay State Tee Shirt Supply	5 Cedar St Wohn, MA 01801	tee shirts	240			
2/Cd17	Wayne McCashy	28 Ellison Pack Waltham MA 0245	61zers	560			
4/5/17	//	16	/ (	822			
0/30/17	/1	/1	blyss untlopes	1131·W			
9/23/17	110	11	invitations	285			
9/9/17	/ '	//	flyers	1160			
7/17/17	Patrick OBnen Lembursement	95 We merbeeth Walmam 1245	500 Stamp reimmissment	245			
3/25/17	<i>(</i> ( *	11 PATETY	STREETS 1300	1300			
			Mossit Coch.	m			
4/12/17	St. Inde School	175 Main 57 Waltham 02453	SK The Shirt SpmSor	100			
5/3//17	Staples	800 Lexington St Waltham 02481	Invelopes	286,77			
1/26/17	Waltham Community	400 M onin St Walkam 02452	3 monta Sponsaship	300			
A	1 cess arand	Line 12: Total Expenditures ove	er \$50 (or listed above)	8022.8			
6	WCAE)	Line 13: Total Expenditures \$50	and under* (not listed above)	*225			
		Line 14: TOTAL EXPENDITU		8247.81			

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

over \$50 (P2)

#### 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.)					
	To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
Iolzelin	Wayne McCarry	28 Ellism Rd Wal Mann 03452	flyns	791.04		
10/5/17	Katnyn OSTLien	95 Wether all	Chatem Fundraisen	552		
	Reintmisment		10/5/17			
		Line 12: Total Expenditures ove	er \$50 (or listed above)			
	Line 13: Total Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

under \$50 PZ

#### 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.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
8/3/17	Dana Farber	450 Drodini Ave Boston (4215	Tenss malones dangheters vace	75	
8/28/17	Spe Grordano Emmittee	74 Morton St Waltham MA 03487	Contribution	40	
<b>E</b> 12/17	Robert Logan Committee	109 Taylor St Waltham 02457	Confushation	50	
7/8/17	John Mc Laughlin Committee	42 Beal Road Lalman 02453	Conhelution	50	
9/3/17	Waltham	41 Kingston Rd Wal Warn Days	Om hobriteisi	50	
	Foundation				
		Line 12: Total Expenditures ove	er \$50 (or listed above)		
	Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES 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 16 on page 1.

	**************************************			/
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Y				
	'			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
	ì	Line 16: In-Kind Contributions \$		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the fame 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
				T
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	3889

(21)