

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

Office of Campaign and Political Finance
2017 OCT 30 P 4: 37

Fill in Reporting Period dates: Beginning Date: Sep	tember 2, 2017 Ending Date: October 20, 2017				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution				
Daniel P. Romard  Candidate Full Name (if applicable)	Daniel P. Romard Committee  Committee Name				
City Councillor - Ward One	Kevin Hart				
Office Sought and District  291 Dale St. Waltham, MA	Name of Committee Treasurer 291 Dale St. Waltham, MA				
Residential Address	Committee Mailing Address				
E-mail:	E-mail:				
Phone # (optional):	Phone # (optional):				
SUMMARY BALANO	CE INFORMATION:				
Line 1: Ending Balance from previous report	\$6157.85				
Line 2: Total receipts this period (page 3, line 11	\$575.00				
Line 3: Subtotal (line 1 plus line 2)	\$6732.85				
Line 4: Total expenditures this period (page 5, lin	ne 14) \$1340.00				
Line 5: Ending Balance (line 3 minus line 4)	\$5392.85				
Line 6: Total in-kind contributions this period (page 6)					
Line 7: Total (all) outstanding liabilities (page 7)	0.00				
Line 8: Name of bank(s) used:					
Affidavit of Committee Treasurer: It 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:  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 or on behalf of the	is committee in accordance with the requirements of M.G.L. c. 55.  Date: October, 2017				

#### **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)	
September, 2017	B. & S. Schaffhausen - Lauricella Lane, Waltham, MA	\$150.00		
October, 2017	J. Noone Family - Boston Post Road, Weston, MA		Business Partner, Housewife	
October, 2017	P. Loscocco - Jacqueline Road, Waltham, MA			
j				
Line 9: Total Receipts over \$50 (or listed above)		\$555.00		
Line 10: Total Receipts \$50 and under* (not listed above)		\$25.		
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$575.00	← 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.

## **SCHEDULE A: RECEIPTS (continued)**

Name and Residential Address			Occupation & Employer	
Date Received	(alphabetical listing required)  THIS PAGE INTENTIONALLY LEFT BLANK	Amount	(for contributions of \$200 or more)	
	THIS PAGE INTENTIONALLY LEFT BLANK			
			1	
ine 9. Total Recei	pts over \$50 (or listed above)			
			<u>]</u> 	
ine 10: Total Receipts \$50 and under* (not listed above)				
Line 11: TOTAL F	RECEIPTS 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.				

<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.

#### **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
October, 2017	USPS	Main St. Waltham, MA	Postage	\$686.00
October, 2017	USPS	East 3rd St. South Boston, MA	Postage	\$294.00
October, 2017	Sir Speedy	Boston Post Road, Framingham, MA	Printing	\$360.00
		Line 12: Total Expenditures ov	er \$50 (or listed above)	\$1340.00
Line 13: Total Expenditures \$50 and under* (not listed above)			0.00	
	Enter on page 1, line $4 \rightarrow$		URES IN THE PERIOD	\$1340.00

<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.

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# **SCHEDULE B: EXPENDITURES (continued)**

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
	THIS PAGE INTENTIONALLY LEFT BLANK				
			] [		
			] [		
		Line 12: Expenditures over \$5	0 (or listed above)		
		Line 13: Expenditures \$50 and	under* (not listed above)		
	Enter on page 1 line 1 -	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD		
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD  You have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

<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.

## 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
	NONE			0.00
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0.00
		Line 16: In-Kind Contributions S		0.00
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0.00

<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 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
		NONE			0.00
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)  0.00					0.00