

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 A 11: 05

Fill in F	Reporting Period dates: Beginning Date: 10	File with Office Power Clerk or Election Commiss Commiss
	Report: (Check one) sy preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
	Candidate Full Name (if applicable)	Waltham Citizens for Education Committee Name Marisa MC Royan
E-mail:	Office Sought and District Residential Address	Name of Committee Treasurer 250 Weston St. Waltham MA 024 Committee Mailing Address
Phone # (opt	ional):	E-mail: MONISAICDINE C. GMOIL-COM Phone # (optional):
	SUMMARY BALANO	CE INFORMATION:
	Line 1: Ending Balance from previous report	
	Line 2: Total receipts this period (page 3, line 11	902.12
	Line 3: Subtotal (line 1 plus line 2)	902.12
	Line 4: Total expenditures this period (page 5, lin	ne 14)
	Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (pa	902.12
	Line 7: Total (all) outstanding liabilities (page 7)	50.70
	Line 8: Name of bank(s) used:	ge Savings Bank
certify that I hetivity, including ance activity igned under to the Candidate I certify the activity, of incurred an	of all persons acting under the authority or on behalf of this committee in the penalties of perjury: DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box with Committee and no activity independent of the committee at I have examined this report including attached schedules and it is, to the lall persons acting under the authority or on behalf of this committee in according to the committee of the committee in according to the committee of the committee of the committee in according to the committee of th	(Treasurer's signature) A only) best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
finance acti	without Committee OR Candidate with independent activity filing sep t I have examined this report including attached schedules and it is, to the b vity, including contributions, loans, receipts, expenditures, disbursements, in nance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign
ned under th	e penalties of perjury:	(Candidate's signature) Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and reconsideration and reconstruction and reconstruc 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 av vailable 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 Resid			Occupation & Employer	
Date Received	(alphabetical lis	ting required)	Amount	(for contributions of \$200 or more	<u>) </u>
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^{*}If you have itemized receipts of \$50 and und er, 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)	
Windowski Window				
ine 9: Total Receipts	s over \$50 (or listed above)			
ine 10: Total Receipt	s \$50 and under* (not listed above)			
ine 11: TOTAL RE	CEIPTS 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 ea

Date Paid	To Whom Paid			
Date I atu	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		7: 10 = 1-		
		Line 12: Total Expenditures over \$50	(or listed above)	0
		Line 13: Total Expenditures \$50 and ur	nder* (not listed shows)	
	1			
ou have itemized	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES	IN THE PEDIOD	$\overline{\wedge}$

^{*} 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)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
		] [			
		Line 12: Expenditures over \$50	(or listed above)		
	Line 13: Expenditures \$50 and under* (not listed above)				
	<u> </u>	Line 14: TOTAL EXPENDITU	<u>L.</u>		

^{*} 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	<b>Description of Contribution</b>	Value
		] [		
·				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	L. F	38.90
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	38.90

^{*} 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
10/2/17	Marisa McBrine	40 Hamilton Rd Waltham, MA 93453	reimburgment- yard signs	850.66
		40 Hamilton Rows		12250
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDI	NG LIABILITIES (ALL)	973.16