

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

2019 OCT 28 A 8: 09

Office of Campaign and Political Finance

| of Massachusetts  |  |                              |                               |  | File wit   | h: City or T                               | own Clerk    | or Elect   | ion Commission    |
|---|--|------------------------------|-------------------------------|--|--|--|--------------|------------|-------------------|
| Fill in Reporting Period dates: Beginning   | Date: 8/3  | 31/2                         | 019                           | Е  | nding Date:  | 10/18                                      | /2019        |            | ]                 |
| Type of Report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceded.   | ling election  |                              | ] 30 day                      | after elec   | etion  | year-end                                   | report       | dis        | solution          |
| Robert G. Logan   |  |                              | Commi                         | ttee to Re   | elect Robert   | G. Logan                                   |              |            |                   |
| Candidate Full Name (if applicable)   |  | _                            |                               |  | Com  | mittee Nam                                 | ne           |            |                   |
| Councillor Ward 9   |  |                              | Paula J                       | . Logan  |  |  |              |            |                   |
| Office Sought and District  |  |                              |                               |  | Name of C  | ommittee T                                 | reasurer     |            |                   |
| 109 Taylor Street, Waltham, MA 02453  |  |                              | 109 Ta                        | ylor Stree   | t, Waltham, i  | 1A 02453                                   |              |            |                   |
| Residential Address   |  |                              |                               |  | Committe   | e Mailing A                                | Address      |            |                   |
| Telephone Number (optional):  |  |                              | Telephone                     | e Number (o  | ptional):  |  |              |            |                   |
| SUMMAR  | Y BALAN  | ICE                          | INFO                          | RMAT   | ION:   |  |              |            |                   |
| Line 1: Ending Balance from previous  | ous report   |                              |                               |  |  |  | 9,740.       | 2          |                   |
| Line 2: Total receipts this period (p   | age 3, line 1  | 1)                           |                               |  |  |  | 90           | 0          |                   |
| Line 3: Subtotal (line 1 plus line 2)   |  |                              |                               |  |  |  | 10,640.      | 2          |                   |
| Line 4: Total expenditures this peri  | od (page 5, l  | line                         | 14)                           |  |  |  | 3,394.8      | 7          |                   |
| Line 5: Ending Balance (line 3 min  | us line 4)   |                              |                               |  |  |  | 7,245.3      | 3          |                   |
| Line 6: Total in-kind contributions   | this period (  | page                         | e 6)                          |  |  |  |              | 0          |                   |
| Line 7: Total (all) outstanding liabi   | lities (page   | 7)                           |                               |  |  |  | (            |            |                   |
| Line 8: Name of bank(s) used: Sant  | ander Bank   |                              |                               |  |  |  |              |            |                   |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules activity, including all contributions, loans, eccipts, expenditures, dish finance activity of all persons acting under the authority or on behalf of Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit or cancellate the committee and no activity independent of the activity, of all persons acting under the authority or on behalf of incurred any liabilities nor made any expenditures on my behalf of the contribution of the contribution of the activity of all persons acting under the authority or on behalf of the contribution of the | didate: (check 1 committee committee in this committee in the committee in | box of the bear according po | only) est of my k rdance with | and liabilitie with the requ  (The content of the require of the require | es for this reporti<br>frements of M.G<br>reasurer's signatu | ng period and L. c. 55.  are)  nd complete | Date:        | ts the car | mpaign            |
| Candidate without Committee OR Candidate with independed I certify that I have examined this report including attached scheoling finance activity, including contributions, loans, receipts, expendition campaign finance activity of all persons acting under the authority  | ules and it is, to<br>ures, disburseme   | the be                       | est of my k                   | nowledge ar<br>tributions an   | d liabilities for the  | nis reporting                              | g period and | d represe  | mpaign<br>nts the |

## Schedule A

| Date Received First Name   Middle   Last Name   Address | First Name | Middle | Last Name | Address                  | City      | State | Zip   | Amount   | Occupation & Employer                        |
|---|------------|--------|-----------|--------------------------|-----------|-------|-------|----------|--|
| 9/3/2019  | Raffaele   |        | Bibbo     | 3 Falconer Circle        | Waltham   | MA    | 02451 | \$150.00 |  |
| 9/3/2019  | Deborah    |        | Bibbo     | 3 Falconer Circle        | Waltham   | MA    | 02451 | \$150.00 |  |
| 9/6/2019  | Bernard    | J.     | Chiasson  | 58 Central Street        | Waltham   | MA    | 02453 | \$100.00 |  |
| 9/3/2019  | George     | R.     | Michael   | 1122 Trapelo Road        | Waltham   | MA    | 02451 | \$250.00 | \$250.00 President, Monell Enterprises, Inc. |
| 9/3/2019  | Ernest     | D.     | Rogers    | 859 Emerson Gardens Road | Lexington | MA    | 02420 | \$100.00 |  |
| 9/30/2019 Robert  | Robert     | J.     | Waters    | 501 Lexington Street     | Waltham   | MA    | 02452 | \$100.00 |  |

| Tine 9: Total receipts in excess of \$50 (or listed above) | \$850.00 |
|--|----------|
| Line 10: Total receipts \$50 and under (not listed above)  | \$50.00  |
| Line 11: TOTAL RECEIPTS IN THE PERIOD                      | \$900.00 |

## Schedule B

| Date              | Date To Whom Paid            | Address                                | Purpose of Expenditure   | Amount     |
|-------------------|------------------------------|--|--------------------------|------------|
| Various           | Various Boyd's Direct        | 101 Maple Street, Stoneham, MA 02180   | Printing & Mailing       | \$2,347.20 |
| 9/17/2019  Pini's | Pini's                       | 85 River Street, Waltham, MA 02453     | Pizza for Election Night | \$141.16   |
| 10/18/2019        | 10/18/2019 Postmaster/Boston | 9 Avenue de Lafayette Boston, MA 02111 | Stamps                   | \$385.00   |
| 10/4/2019 Staples | Staples                      | 500 Staples Dr, Framingham, MA 01702   | Supplies and Copies      | \$374.24   |

| Line 12: Expenditures over \$50 (or listed above)       | \$3,247.60 |
|---|------------|
| Line 13: Expenditures \$50 and under (not listed above) | \$147.27   |
| Line 14: TOTAL EXPENDITURES                             | \$3,394.87 |

## 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 OUTSTANI | DING LIABILITIES (ALL) | 0      |