

Form CPF M 102: Campaign Finance Report

Municipal Form

CITY OF WALTHAM

Office of Campaign and Political Finance CITY CLERK'S OFFICE

2018 CCT 25 P 2: 27

	File with: City or Town Clerk or Election Commission					
Fill in Reporting Period dates: Beginning Date: 09	9/18/2018 Ending Date: 10/25/2018-U					
Type of Report: (Check one)	CANADA CA					
☐ 8th day preceding preliminary ☐ 8th day preceding election	n ⊠ 30 day after election ☐ year-end report ☐ dissolution					
Sean Durkee	Durkee Committee					
Candidate Full Name (if applicable)	Committee Name					
Ward 6 Councilor Office Sought and District	Sarah Hankins Name of Committee Treasurer					
185 Hammond St, Waltham, MA 02451	103 Seminole Ave, Waltham, MA 02451					
Residential Address	Committee Mailing Address					
E-mail: seadur@aol.com	E-mail: sarahmhankins@gmail.com					
Phone # (optional):	Phone # (optional):					
SUMMARY BALAN	NCE INFORMATION:					
Line 1: Ending Balance from previous report	1282.62					
Line 2: Total receipts this period (page 3, line 1	11) 200					
Line 3: Subtotal (line 1 plus line 2)	1482.62					
Line 4: Total expenditures this period (page 5,	line 14) 1457.24					
Line 5: Ending Balance (line 3 minus line 4)	25.38					
Line 6: Total in-kind contributions this period ((page 6) 10,548					
Line 7: Total (all) outstanding liabilities (page	7) 25					
Line 8: Name of bank(s) used: Watertown Saving	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 bactivity, including all contributions, loans, receipts, expenditures, disburgements, in-kin inance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury:	best of my knowledge and belief, a true and complete statement of all campaign finance ind contributions and liabilities for this reporting period and represents the campaign e in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	l 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	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,					
	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the					
Signed under the penalties of perjury:	(Candidate's signature) Date: 25 oct 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.)

Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
09/24/2018	Luce, Glenn 21 Warren Ave, Waltham, MA 02451	100		
09/18/2018	O'Halloran, Michael 19 Madison Rd, Waltham, MA 02453	50		
09/18/2018	O'Halloran Committee 19 Madison Rd, Waltham, MA 02453	50		
Line 9: Total Receipts over \$50 (or listed above)		200		
Line 10: Total Receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		200	← 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)

Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
·					
*					
Line 9: Total Recei	ots over \$50 (or listed above)				
Line 10: Total Recei	pts \$50 and under* (not listed above)				
	ine 11: TOTAL 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.				

^{*} 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 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
09/17/2018	Kelly Durkee Erwin	96 Galen St, Waltham, MA 02451		293.54
09/16/2018	Mary Anne Durkee	96 Galen St, Waltham, MA 02451	Coffee for event	41.68
09/17/2018	Mary Anne Durkee	96 Galen St, Waltham, MA 02451	Supplies	70.00
09/20/2018	Sean Durkee	185 Hammond St, Waltham, MA 02451	Supplies	130.16
09/15/2018	Everett Erwin	96 Galen St, Waltham, MA 02451	Food for event	157.33
09/16/2018	Everett Erwin	96 Galen St, Waltham, MA 02451	Printing	115.24
09/17/2018	Harvard Pinnacle Group	179 Bear Hill Rd, Waltham, MA 02451	Mailer	482.00
09/01/2018	Moody & Regan	172 School St, Waltham, MA 02451	Printing	167.29
		Line 12: Total Expenditures over	er \$50 (or listed above)	1457.24
		Line 13: Total Expenditures \$50	and under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1457.24

^{*} 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	
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			/		
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		VI 10 7 11 1-1			
		Line 12: Expenditures over \$50	(or listed above)		
	Line 13: Expenditures \$50 and under* (not listed above)				
Eme 15. Expenditures 450 and ander (not instead 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. I ine 13 should include only those expenditures not itemized					

^{*} 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
09/01/2018	Julie Land	185 Crescent St, Waltham, MA 02453	Video and post production	10,500
09/01/2018	Anna Richardson	45 Bright St, Waltham, MA 02453	Website	48
	,			
		Line 15: In-Kind Contribution		10,500
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			10,548	

^{*} 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
09/22/2018	Sean Durkee	185 Hammond St, Waltham, MA 02451	Museum membership	25
	,			
	Enter on page 1, line 7 -	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	25