

Form CPF M 102: Campaign Finance Report

Municipal Formity OF WALTHAM Office of Campaign and Political Finance

2018 MAR -5 A 9: 32

of Massachusetts	Eile with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	9-9-12-17 Ending Date: DeC. 31, 2017
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election
Candidate Full Name (if applicable) Ward 8 Concillor Office Sought and District 176 Robbins Steet Residential Address E-mail: 11 Salimo 976 g mail. Com Phone # (optional): 781-209-0927	Committee Name LIMONCIELLO Name of Committee Treasurer Florida Address E-mail: Phone # (optional):
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	6
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	-0
Line 4: Total expenditures this period (page 5, line	2 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best cactivity, including all contributions, loans, receipts expenditures, disbursoments, in-kind confinance activity of all persons acting under the tauthority or on behalf of this committee in a signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign
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 bactivity, of all persons acting under the authority or on behalf of this committee in accommittee any liabilities nor made any expenditures on my behalf during this reporting process.	poest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	pest of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of pariury:	(Candidate's signature) Date: 3-5-18

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
		-			
		a a			
T. 0 7 . 1 7	050 (22 1 1 2)				
Line 9: Total Recei	pts over \$50 (or listed above)				
Line 10: Total Rece	ipts \$50 and under* (not listed above)				
Line 11. TOTAL D	RECEIPTS IN THE PERIOD				
		O Line 10 about	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 (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)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES 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 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.

To Whom Due	Address	Purpose	Amount
	10 Whom Due	Address Address Address	Address Purpose