

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Pinafice VALTHAM CHY CLERK'S OFFICE

of Massachusetts	2024 JAH Fire with City of Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	7/1/2023 Ending Date: 12/31/2023
	for the Control of the Control
Type of Report: (Check one)	
8th day preceding preliminary	☐ 30 day after election
TAMMY WONG-BIGELOW Candidate Full Name (if applicable) SCHOOL COMMITEE Office Sought and District 20 GARDNER ST NFT I WALTHAM, MO 02453 Residential Address	Committee Name Trines BIGELOW Name of Committee Treasurer 20 GARDNER St. APT I, WALTHOM, MP 03-453 Committee Mailing Address
E-mail: Trimmy fo-SCHOOL COMMITTEE MAGNETL, 2019	E-mail: Jpy, B165 LOW B gmp16.60M
Phone #: 508 - 740 - 2347	Phone #: 508-930-9185
Filone #. 309 / 770 / 2017	
SUMMARY RALAN	NCE INFORMATION:
DOWN DIE	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 12)	7361.89
Line 3: Subtotal (line 1 plus line 2)	7361.89
Line 4: Total expenditures this period (page 5, line	15) 57/4,90
Line 5: Ending Balance (line 3 minus line 4)	1646.99
Line 6: Total in-kind contributions this period (page	e 6, line 18)
Line 7: Total (all) outstanding liabilities (page 7, lin	ne 19) /500
Line 8: Total out-of-pocket expenses this period (page	ge 8, line 22) /69. 26
Line 9: Name of bank(s) used: 120CK(LAND TRUST
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-k finance 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 kind contributions and liabilities for this reporting period and represents the campaign see in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	1 box only)
Condidate with Committee certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report	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,
finance activity, including contributions, loans, receipts, expenditures, disburser campaign finance activity of all persons acting under the authority or on behalf	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55. Date: 1/5/2024
Signed under the penalties of perjury:	(Candidate's signature)

SCHEDULE A: RECEIPTS COMITTEE TO FIGHT THINMY WORK SILELE M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
Sate Acceived		Amount	(for contributions of \$200 or more)	
10/9/2023	BALZANO, GINA 26 KNOX AVE. FRAMINGHAM, MOOR	50.00		
9/29/2023	Benovines, Thomas 308 RIVER St. #3 WALTHAM, MA 02453	100.00		
7/31/2023	BILELOW, MARY 64 BERKLEY ST BERKLEY, MA 02779	500,00	RETIRED	
9/25/2023	BERKLEY, MARY BERKLEY, MAOZMG	500,00	RETIRED	
7/30/2023	BIGGEOW, MORA HANNA 15 BROWNVILLEANT. 1PSWICH, MA 01938	50.00		
10/8/2013	BLUMENTHAL, SAUL 223 ROBBINS St. UNITZ WALTHAM, MA 62483	50,00		
8/5/2023	BROWN, ANNE 20 KEMPERIST, APTZZ QUINCY, MA 02170	100.00		
9/20/2023	BROWN, ANNÉ 20 KEMPER St. APT 22 CRUINCY, MA 02170	80.00		
8/4/2023	BUSBY, CHIRISTOPHER 57 HANTHOENE RO. WALTHAM, MA 02451	50.00		
9/29/2023	BUSCEMI, LIANNA 68BEAL RD. WALTHAM, MA UZUS3	100.00		
8/5/2023	CHOW, CARLO 54 LITTLE FARMS PS FRAMNIGHAM, MA 01701	100,00		
9/29/2023	CHUANG, LESLEY 58 NICOD ST. WAREHMM, MA 02576	50,00		
8/5/2023	COHAN, MICHELLE 34 CLYDE RD. WATERTOWN, MA 02472	100.00		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/28/2023	Cole, TATIANA 685 UMMIT ST. WALTHAM, MA 02451	50.00	
10/24/2023	BARCY, George 93 HOBBS Pd. WALTHAM, MA 02452	100.00	
815/233	FUNG WONG BRENDA 54 LITTLE FARMS Rd. IERAMINGHAM, MA 01701	450.00	MFG SUPERVISOR /NORDOST
9/29/2013	FUNG WONG, BRENDA 54 LITTLE FARMS Rd. FRAMINGIAM, MA UTTOI	450.00	MFG, SUPERUISOR/NURDOST
10/15/2023	FUNG WONG, BRENDA 54 LITLE FARMS Rd. FRAMINGHAM, MO 61701	850.00	MFG. SUPERVISOR/NORDOST
9/29/2023	GELLES LIZZIE 80 JENNIN GS Rd. WALTHAM, MA 02451	50.00	
10/30/2023	GELLES, LIZZIE BOJENNINGS Rd. WALTHAM, MA 02451	150.00	
8/5/2023	MAYES, TERRENCE POBOX 22689 MEMPHIS, TN 38122	57.00	
8/5/2013	HORTON-HALL, EMILY, 30 MARLIBOROUGH Rd. WALTHAM, MA 02452	\$0.00	
9/29/2023	HORTON-HAIL, EMILY 30 MARLBOROUGH PBAD WALTHAM, MA 02452	50,00	
8/31/2023	KRENAN, LAUREN 77 UPLAND 12D. WALTHAM, MA 02451	50.00	
8/5/201 3	KRAMEIZ, LYNDSAY 121 SUMMIT ST. WALTHAM, MA OZUSS	۵۵,۵۵۱	·
9/16/2023	KWAN, YUEN 17 CMARLES STREET AVE. WAZTHAM, MA OZ453	50.00	
Line 9: Total Receip	ts over \$50 (or listed above)		
Line 10: Total Receip	ots \$50 and under* (not listed above)		
Line 11: TOTAL RI	ECEIPTS 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7125/2023	LAM, YEEN LING EDWINA 495 BYERS Rd. CHESTER SPRINGS, PA 19425	300.00	CIVILENGINEER / AEGM
10/2/2023	LOM, YUEN LING EDWIND 495 BYERS RD. CHESTER SPRINGS, PA 19425	100.00	CIVIL ENGINEER / AELOM
8/5/2023	LEUNG, CAREY 6 JACKSON CT. LEAINGTONIMA OZYZI	100.00	
9/29/2023	MALACARNE, OLIVIA 97 BOWDON AVE WALTHAM, MA OZYST	5 0,00	
7/29/2023	MALAGAILUÉ, OLIVIA 97 BOWDOIN AVE. MARTHAM, MA OZYSTI	25.00	
9/21/2023	MURPHY, TARA 18 LYMAN St. WALTHAM, MA CZYSZ	100,00	
jo/16/2023	O'NEIL, SCOTT SOUTH ST. WALTHAM, MA 02453	300.00	RETIRED
10/5/2023	PRAKAS #2AWISZA, VIVEKA 3GREER St. WALTHOM, MA OZUSZ	100.00	
9/26/223	BENSON, LISA 12. 51 TAYLOR St. Opt. 2 WALTHAM, MA 02453	50.00	
8/5/2023	TRAN, DAVID G JACKSON CT. LEXINGTON, MA 02421	200.00	PARALEGAL / MT LAW
8/5/2023	TWENTEY, MOBEL 10005 DURANGO DR. DAMOSCUS, MD 20872	50.00	
7/25/2023	TZIOUMAS, EMMA 32 CUTTER ST. #2 WALTHAM, MA 02453	50.00	
9/29/2023	TZIOUMAS, EMNIA 32 CUTTEIRSH. #2 WALTHAM.MA OZYS3	ود. ٥٥/	
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7130/2013	UDWIN, NINA SO JENNINGSRd. WALTHAMIMA OZYSI	20	
8/31/2023	UDWIN NINA BOJENNINGS RD WOLTHAM, MA 02481	41.66	
10/17/2023	UDWIN, NINA SO JENNINGS 12D. NOLTHAM, MO 02457	25.00	
10/29/2013	UDWINGUINA OUTENNINGS PD WALTHAM, MA 02457	50,00	
8/6/2023	VELLANTE, LYNNE 12 PERCEST. BILLERICA, MA 0821	50.00	
7/20/2023	WUNG, TRACY 421 MARINEST UNITB SONTO MONICA, CA 90405	1000.00	MARKETING SEGRA SAMERICA
10/18/2023	WONG, TRACY 421 MARINE ST WITB SHATA MONKA, CA 90405	امن ، من	MARKETING/SEGA SAMERICA
9/29/2023	YOUNG, DIANA 147 BISHOPS FOREST DRIVE WALTHAM, MA 02452	100.00	RETIRED
10/31/2023	YOUNG, DINNA 147 BISHOB FOREST DRIFE WALTHAM, MO OZYSIL	200.00	RETIRETI
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS 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 for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/18/2015	AMAZON COM	410 JERRY DUE N. SEATTLE, WA 98109	LAITTERNS FOR FUNDRAISTIR	76.48
8/1/2023	BJS WHOLESPIE	66 SEYON St. WALTHAM, MA 02453	FUNDRAISER	174.34
10/17/223	Change Agents LLC	20 WALLACE ST. APT! SOMERVILLE, MA OZIYY	Advertising	997.88
10/20/23	CHANGE RGENTS LIC	20 WALLACE ST. Opt/ SOMERVILLE, MA 02/44	nowertising	99 7.88
9/15/2023	CHANGE A GENTS LLC	20 WALLACT ST. Apt 1 SOME RVILLE, MA 02144	Consulting FEES	1000.30
8/24/2023	CHANGE AGENTS LLC	20 WALLACE ST. APT I SOMERVILLE, MA OLLY	GASULTING FEES	500.00
7/22/2023	MING'S SUPER-MARKET	HOZ WASHINGTON St. BUSTON, MA OZIIJ	MOON CAKE FOR FUNDRAISER	81.00
9/29/2013	CZUANA Inc.	5900 BINGLE ROAD HOUSTON, TX 77092	SIGN HOLDERS	111.51
6 holoss	S176123	2939 SEFULUEDA BLUDALLOS ALGELES 70045	OZ WEB HOSTING	118.80
7/2/2033	57ATES	FOR EXPOSION ST.	PRINTING	169.00
9/18/2023	VUITED STATES POSTAL SERVICE	38 SPRUCE ST. WALTHOM, MO 02453	POSTAGE STAMPS	57.00
10/12/2023	UNITED STATES POSTAL SERVICE	38 SPRUCE St. WALTHAM, MA 02453	POSTAGE STAMPS	102.00
8/3/2013	VISTA PRINT	275 WYMANST. WALTHAM, MA OZYSI	POST CAROS	123.02

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/27/2023	VISTAPRINT	275 WYMAN ST WALTHAM, MA 02451	LAWNSIGNS	579.45
8/3/2023	WINNING CAMPAIGN STRATEGIES LLC	399 RIVER RORY HUDSON, MA 01749	PRINTINE	700.07
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not			5617.38	
	itemized above.	Ellie 14. Experientures 350 and under (not fisted above) 707,5°2		
	Enter on page 1, line $4 \rightarrow$	2 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD 57/4.90		

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value

	emized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions over	er \$50 (or listed above)	Ø.00
should includ	te only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	0.00
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	0.00

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10/12/2023	Tomes Blackow 20	ZO GARONER SIMPTI WOLTHOM, MA OTUSS	COVER DONATIONS IN PROCESSING	1000,00
10/19/2023	JAMES BIGELOW	20 GARDNER St. April WALTHAM, MA 02453	COVER DOMATIONS IN PROCESSIONS	500

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
7/21/2023	STAPLES FOOLERINGTON & WALTHAM, MA 02451	169.26	PFINTING.
(or listed above) Line 21: Total Uniten	ed Out-Of-Pocket Expenditures Over \$50 nized Out-Of-Pocket Expenditures \$50 and	169.26	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed abov	OF-POCKET EXPENDITURES IN THE PERIOD	169.26	itemized above. ← Enter on page 1, line 8 Page 8