

# Form CPF M 102: Campaign Finance Reports OF WALTHAM

## Municipal Form FILE COPYOTICE of Campaign and Political Finance

vith:		RECUMBED	<u> </u>
or Town Clerk or Election Commission		. —	
Please print or type all inform	nation, except signature	S	<u> </u>
Fill in dates:  Reporting Period Beginning    I   Date 2016	Ending Month	12/31/2016	Year
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	□30 day after election	on Dyear-end report	dissolution
GEORGE A DARCY III	GEORGE DARC	Y COMMITTEE	
Full Name of Candidate (if applicable)  COUNCILLUR WARD 3	· <del></del>	nittee Name	
93 HOBBS RD WALTHAM MA 02452	93 HOBBS RD, 1		02452
Residential Address	Committee	Mailing Address	
Tel. No. (optional)		Tel. No.	(optional)
SUMMARY BALANC	E INFORMATIO	N•	7
Line 1: Ending balance from previous		\$2,083.	30
Line 2: Total receipts this period (pa		\$ 0	<b>-</b> [
Line 3: Subtotal (line 1 plus line 2)		\$ 2,083.	30
Line 4: Total expenditures this peri	od (page 3, line 14)	\$ 0	_
Line 5: Ending balance (line 3 minus lin	e 4)	\$ 2,083.	30
Line 6: Total in-kind contributions thi	s period (page 4)	s . o	
Line 7: Total (all) outstanding liabiliti		\$ 0	-
Line 8: Name of bank(s) used DIGTO		· — — — — — — — — — — — — — — — — — — —	_ }
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the finance activity, including all contributions, loans, receipts, expenditures, disbursent campaign finance activity of all persons acting under the authority or on behalf of the standard under the penalty of the standard under the standard under the penalty of the standard under th	ents, in-kind contributions and his committee in accordance wi	I liabilities for this reporting p	period and represents
FOR CANDIDATE FILINGS OF	<del> </del>	·	<del></del>

Affidavit of Candidate:	(check 1 box only)	
🗋 Candidate with Comm	nittee and no activity	y independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with Independent activity filling separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:

1	WIL	MA	Rak	CM	14
Cand	idate sign	iture (	in ink)	T	

#### 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.

This page may be copied 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 Residential Address (alphabetical listing required)		Amount		Occupation & Employer (for contributions of \$200 or more)		
		-					
			<u>-</u>				
		-					
		-		_			
		<u> </u>					
		<del> </del>		-			
	•						
Line 9: To	otal receipts in excess of \$50 (or listed above)						
Line 10: To	otal receipts \$50 and under* (not listed above)		$\dashv$	-			
_ine 11: T	OTAL RECEIPTS IN THE PERIOD itemized receipts of \$50 and under include them in		0	$\neg$	Enter on page 1, line 2		

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

### 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.

This page may be copied if additional pages are required to report all expenditures. Please include you age

Date Paid	To Whom Paid Address (alphabetical listing)		Purpose of Expenditure	Am	Amount	
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			·			
					· <u>-</u>	
		ling 12. I				
	-		Expenditures over \$50 Expenditures \$50 and under*		<u> </u>	
Er	iter on page 1, line 4	Line 14-7	OTAL EVDENDITUDES	0		

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.

Date Received	From Whom Received*	Residential Address Description of Contribution	Value
	J		<u> </u>
<del></del> -	·		
`			·-
	<u> </u>	Line 15: In-kind over \$50	
		Line 16: In-kind \$50 and under	
	Enter on page 1, line 6	Line 17: Total In-kind	0

<sup>\*</sup> 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.

#### 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
				· ·
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page