

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance CITY CLERAS TERE

Date: 1/19/17

(Candidate's signature)

Commonwealth of Massachusetts	mpaign and	a Pomazi Finan	40.		: Ub
Fill in Reporting Period dates: Beginning Date: Jan	1, 2016	Ending I		31, 2016	
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	☐ 30 day	after election	🔀 year-end	l report	dissolution
John McLaughin	John M	cLaughlin Commi			
Candidate Full Name (if applicable)			Committee Na	me	
City Councillor Ward 4 Office Sought and District	<u>Jeanne</u>	Flaherty	ne of Committee	Teassuran	
-	OE Lafa	nar nyette St Waltham		i reasurer	
42 Beal Rd Waltham, MA 02453 Residential Address	- 65 Laia		mmittee Mailing	Address	
E-mail:	E-mail:				
Phone # (optional):	Phone # (optional):			
SUMMARY BALAN	CF INFO	PMATION.			
Line 1: Ending Balance from previous report	CE HITO	KWATION.		1490.6	6
Line 2: Total receipts this period (page 3, line 11)		<u> </u>		
Mine 2. Total receipts this period (page 3, mie 11	•)]
Line 3: Subtotal (line 1 plus line 2)				1490.6	6
Line 4: Total expenditures this period (page 5, li	ne 14)			500.0	0
Line 5: Ending Balance (line 3 minus line 4)				990.6	6
Line 6: Total in-kind contributions this period (p	age 6)				0
Line 7: Total (all) outstanding liabilities (page 7))				0
Line 8: Name of bank(s) used: Watertown Savings	Bank				
Affidavit of Committee Treasurer: It certify that I have examined this report including attached schedules and it is, to the beactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee its Signed under the penalties of perjury:	I contributions in accordance w	and liabilities for this	reporting period a of M.G.L. c. 55.	atement of all and represen Date: 1/	ts the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	oox onlý)				
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 activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	ccordance with g period.	the requirements of	a true and comple M.G.L. c. 55. I ha	te statement ave not recei	of all campaign finance ved any contributions,
Candidate without Committee OR Candidate with independent activity filing of I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ne best of my k ts, in-kind cont his committee i	nowledge and be lief, a tributions and liabilitie	es for this reporting	g period and	i represents the

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

ne 9: Total Receir	ots over \$50 (or listed above)		
<u> </u>	pts \$50 and under* (not listed above)		
	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)
<u> </u>			
ine 9: Total Receip	ts over \$50 (or listed above)		
ine 10: Total Receip	ots \$50 and under* (not listed above)		
ine 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 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 numb

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
2/2/16	Catholic Memorial	235 Baker Street West Roxbury, MA 02132	Advertising	100.0
5/21/16	Warrendale Little League	124 Beal Rd Waltham, MA 02453	Tearn Sponsor	400.0
				·
	17 to 1.			
				11
		Line 12: Total Expenditures of	over \$50 (or listed above)	500.00
		Line 13: Total Expenditures \$	50 and under* (not listed above)	0
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	500.00

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

SCHEDULE B: EXPENDITURES (continued)

Doto Bota	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
			1		
				,	
<u> </u>		!			
	·				
		Line 12: Expenditures over \$50	O (or listed above)		
	Line 13: Expenditures \$50 and under* (not listed above)				
	T-4				
		Line 14: TOTAL EXPENDIT	bould include only those expenditures		

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	ne 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

^{*} 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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	