

### Form CPF M 102: Campaign Finance Report CITY OF WALTHAM CITY CLERK'S OFFICE **Municipal Form**

Office of Campaign and Political Finance

2019 JAN 22 P 1: 10

2FRighth	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	10/20/18 Ending Date: 12/3/1/8
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	on 30 day after election year-end report dissolution
Candidate Full Name (if applicable)	Waltham Citizens for Education
	Norsa McBrine
Office Sought and District	Name of Committee Treasurer 250 Weston St. Waltham, MA 02453
Residential Address	Committee Mailing Address
E-mail:  Phone # (optional):	E-mail: Mansamaly Com  Phone # (optional):
SUMMARY BALA	NCE INFORMATION:
Line 1: Ending Balance from previous report	1017.12
Line 2: Total receipts this period (page 3, line	11)
Line 3: Subtotal (line 1 plus line 2)	1017,12
Line 4: Total expenditures this period (page 5,	line 14) 983.16
Line 5: Ending Balance (line 3 minus line 4)	33.96
Line 6: Total in-kind contributions this period	(page 6)
Line 7: Total (all) outstanding liabilities (page	7)
Line 8: Name of bank(s) used: EOST Co	ambridge Saving Bank
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the leactivity, including all contributions, loans, receipts, expenditures, disbursements, in-ki finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1)	c in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
	i 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 activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	the best of my knowledge and belief, a true and complete statement of all campaign finance n accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ting period.
Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	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)

### 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		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
1			
	·		
	·		
		*	
			,
		1	
Line 9: Total Recei	pts over \$50 (or listed above)	0	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← 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.

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	<u> </u>		
Line 9: Total Receipt	s over \$50 (or listed above)	0	
Line 10: Total Receipt	ts \$50 and under* (not listed above)	0	
Line 11: TOTAL RE	CEIPTS IN THE PERIOD	0	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.

### 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 an expend		nittee name and a page number on	touch page.)	T The second second
Data Daid	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)			
10/31/18	Marisa McBrine	Waltham, MA	Reimbursement	\$973.16
		·		
		1		
		1		
1	3			
320				
Line 12: Total Expenditures over \$50 (or listed above) 973.16				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 983.16				
* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

<sup>\*</sup> 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		·		
		Line 12: Expenditures over \$50	(or listed above)	
	ļ	Line 13: Expenditures \$50 and u		
		Line 14: TOTAL EXPENDITU		983.16

<sup>\*</sup> 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
				7
		×		
Line 15: In-Kind Contributions over \$50 (or listed above)			0	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			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.

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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)	0

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## Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 10/3/1/8				
Name of Individu	ual Being Reimbursed: Mari	sa McBrine		
Committee Name	walth	nam Citizens to	r Education	
CPF ID Number			fumber (optional):	
<b>L</b>	ITEMIZ	LE EXPENDITURES IN EXCESS	5 OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/2/17	Super cheap Super cheap Sugns	9200 Waterfood Ctn 131 vd, SUITCIOO AUSTIN, TX 78758	yard signs and stakes	\$850.66
10/4/17	Super Cheap Signs	9200 Waterford Ctr. Blvd, Sujje Austin TX 78758	yard signs	\$122.50
(Include items listed on Page 2) Line 1: Expenditures in excess of \$50 (itemized above): \$973.16				
Line 2: Expenditures \$50 or under (not itemized):				
Line 3: TOTAL AMOUNT REIMBURSED: \$973.16				
Signed under the penalties of perjury:  Date:  Signature of Candidate / Treasurer Character Char				

Please prepare a separate report for each reimbursement check issued by the committee.

### John McBrine

From:

Marisa Cuce McBrine <marisamcbrine@yahoo.com>

Sent:

Thursday, October 26, 2017 10:22 PM

To:

John McBrine

Subject:

Fw: Order Receipt #100217022

---- Forwarded Message -----

From: Super Cheap Signs <info@supercheapsigns.com>
To: Marisa McBrine <marisamcbrine@yahoo.com>

Sent: Monday, October 2, 2017 12:08 PM Subject: Order Receipt #100217022



## **HELLO Marisa!** Thank you for your order! Your credit card has been charged the amount shown below.

ORDER # 100217022

ORDER DATE

10/02/17

BILL TO

SHIP TO

Marisa McBrine 40 Hamilton Rd Waltham MA 02453

Marisa McBrine 40 Hamilton Rd Waltham MA 02453

ITEM AND OPTIONS	QTY	COST
Yard Signs ID#: 226847 Product Details: Corrugated Plastic, 18x24, 2 Sides, 2 Color, For Wire Stakes (sold separately)	200	\$490.00
STANDARD Wire Stakes ID#: 226848 Product Details: STANDARD Wire Stakes	200	\$178.00

SHIPPING SERVICE: UPS CREDIT CARD TYPE: Visa

**SUBTOTAL:** 668.00

**TAX:** 0.00

SHIPPING: 249.46

**DISCOUNT:** 66.80

**TOTAL:** 850.66

Terms & Conditions | Return Policy

# Jhank you! WE APPRECIATE YOUR ORDER.

### SHARE OUR STORE AND SAVE 10% OFF YOUR NEXT ORDER.

For more information, please contact us at 866-270-7446

9200 Waterford Centre Blvd. Suite 100 Austin, TX 78758



### John McBrine

From:

Marisa Cuce McBrine <marisamcbrine@yahoo.com>

Sent:

Thursday, October 26, 2017 10:21 PM

To:

John McBrine

Subject:

Fw: Super Cheap Signs Transaction Receipt

---- Forwarded Message -----

From: "info@supercheapsigns.com" <info@supercheapsigns.com>

To: marisamcbrine@yahoo.com

Sent: Wednesday, October 4, 2017 7:48 AM Subject: Super Cheap Signs Transaction Receipt

### General Information

Merchant Account: Super Cheap Signs Date/Time: 10/04/2017 6:48:05 AM CDT

### Transaction Information

Order ID: 100217022 Description: Upgrade

Transaction Amount: \$122.50 Transaction ID: 3812418217 Authorization Code: 04732D Transaction Type: Card Sale Response: APPROVED

AVS Results: Exact match, 5-character numeric ZIP

CSC Results: CVV2/CVC2 Match

### **Customer Billing Information**

First Name : Marisa Last Name : McBrine Address : 40 Hamilton Rd

City: Waltham State: MA

Zip Code: 02453 Country: US

Phone:

Email: marisamcbrine@yahoo.com

### **Customer Shipping Information**