



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF WALTHAM  
CITY CLERK'S OFFICE

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10.19.2019 Ending Date: 12.31.2019

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

ELIZABETH R. R. GELES  
Candidate Full Name (if applicable)  
CITY COUNCILLOR WARD 1 WALTHAM  
Office Sought and District  
80 JENNINGS ROAD, WALTHAM, MA.  
Residential Address  
E-mail: Lizzie@lizziegeles.com  
Phone # (optional): \_\_\_\_\_

LIZZIE GELES COMMITTEE  
Committee Name  
NINA L. UDWIN  
Name of Committee Treasurer  
80 JENNINGS ROAD, WALTHAM, MA.  
Committee Mailing Address  
E-mail: wnnina@gmail.com  
Phone # (optional): \_\_\_\_\_

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>3682.86</u>
Line 2: Total receipts this period (page 3, line 11)	<u>720.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4402.86</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3787.22</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>615.64</u>
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:	<u>WATERTOWN SAVINGS BANK</u>

### Affidavit of Committee Treasurer:

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 all 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: \_\_\_\_\_

(Treasurer's signature)

Date: 1/17/2020

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with 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 that are not otherwise disclosed in this report.

#### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

penalties of perjury: \_\_\_\_\_

(Candidate's signature)

Date: \_\_\_\_\_

## 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)
10/23/19	MATT CASEY 2 HARDY LANE ESSEX, MA 01929	200.00	PHYSICIAN'S ASSISTANT CARNEY HOSPITAL
10/25/19	CAROL GREEN 411 FRANKLIN ST APT 904 CAMBRIDGE, MA 02139	40.00	
10/22/19	THERESA GRIPPIN 235 CARTH ROAD SCARSDALE, NY 10583	50.00	
10/22/19	KAREN GUTFREUND 228 SCOTTHOLM TERR. SYRACUSE, NY 13224	30.00	
12/22/19	AMY LACOURSE 14 ALLEN ROAD BERLIN, MA 01503	200.00	SNR. IT ENGINEER NUANCE COMMUNICATIONS.
10/23/19	SANTJAY MALWANI 223 SYLVAN AVE SAN MATEO, CA 94403	50.00	
10/28/19	JIM MNIECE <del>JIM</del> 303 PROSPECT HILL RD WALTHAM MA, 02451	25.00	
10/22/19	JIM MNIECE 303 PROSPECT HILL RD WALTHAM, MA 02451	25.00	
10/31/19	MAX DARISH 2809 HAVEN RD RALEIGH, NC 27610	50.00	
10/20/19	SCOTT O'NEILL 52 TOLMAN ST WALTHAM, MA 02453	50.00	

Line 9: Total Receipts over \$50 (or listed above) 720.00

Line 10: Total Receipts \$50 and under\* (not listed above) —

Line 11: TOTAL RECEIPTS IN THE PERIOD 720.00

← 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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

← Enter on page 1, line 2

← Enter on page 1, line 2

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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/15/19	BAUDVILLE INC	5380 52ND ST SE GRAND RAPIDS, MI 49512	THANK-YOU GIFT.	73.58
10/16/19	CRAFT FOOD HALL PROJECT.	5TH AVENUE WALTHAM.	THANK YOU VOLUN- TEERS. FOOD + BEV	127.77
11/16/19	CRAFT FOOD HALL PROJECT.	5TH AVE WALTHAM	FOOD/BEV FOR VOLUNTEERS.	70.06.
11/05/19	DOMENICS	MAIN STREET WALTHAM	ELECTION DAY FOOD	32.06.
10/25/19	GO UNION PRINTING	2600 DR MLK JR. N 302, ST PETERSBURG FLORIDA 33704.	POSTCARD MAILING.	775.12
11/05/19	GRACIES KITCHEN	39 EMERSON RD WALTHAM, MA.	ELECTION DAY FOOD.	113.38
10/09/19	JONATHAN GOLDMAN.	1124 MAIN ST #D WALTHAM, MA	CAMPAIN MANAGER COMPENSATION	2500.00
10/20/19	USPS.	776 MAIN ST WALTHAM MA	STAMPS	35.00
10/22/19	USPS	776 MAIN ST WALTHAM MA	STAMPS.	60.25

Line 12: Total Expenditures over \$50 (or listed above)

3787.22

Line 13: Total Expenditures \$50 and under\* (not listed above)

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Enter on page 1, line 4 →

**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

3787.22.

\* 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 B: EXPENDITURES (continued)**[illegible]

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

## 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 →		<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>		

\* 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 →		<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>		

## 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 →		<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>		