

Form CPF M 102: Campaign Finance Reports Municipal Form CITY CLERK'S OFFICE Office of Campaign and Political Finance JAN 21 A 8: 33

Pill in Reporting Period dates: Beginning Date: //	1/2019 Ending Date: 12/31/2019
Type of Report: (Check one) Sta day preceding preliminary Sta day preceding election	[] 30 day siter election
JOHN R SAXE JR Candidate Felt News (if applicable) Office Sought and District	SAXEYWALTHAM Consider Peter SUSAN E. SAXE Name of Conseder Transport
30 CURVE ST WALTHAM, MA 02451 Residental Address Break SAXE 4 WALTHAM @ GMAIL. COM Proced & (supplement): 617 834 8883	30 CURVE ST, WALTHAM, MA QUE COMMITTEE MARIE SAXEYWALTHAM & GMAIL. COM
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	502.86
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	502.86
Line 4: Total expenditures this period (page 5, line	14) [73. &
Line 5: Ending Balance (line 3 minus line 4)	329.86
Line 6: Total in-kind contributions this period (pag	66)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: WATERTO	JN SAVINGS BANK
All derives of Committee Treasurers consists that I have examined this report including asserbed schools and in its, so the best of the by, including all consists about the same, succepts, expanditures, disbonourous, in-bind on tensor activity of all present acting and or the subsectly or on John Coff this succession is no igned under the penulties of perjury:	stributions and liabilities for this reporting period and represent the committee
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate (chark I box - Candidate with Canamitter [cartify that I have canadised this report installing attented schedules and It is, to the bo activity, of all persons acting under the authority or on behalf of this committee in some invaried any habilities are made any expensions as my habilit during this reporting pe	es of my knowings and bailed a new and complete statement of all compaign fluorest Statest with the processors and MAGL, a. 18. I have not recovered new consideration
Candidate without Committee 1 couldy that I have superfused this report including attached achesisks and it is, to the information activity, including constitutions, iones, receipe) expenditures, determinents, is campaign flavour activity of all persons acting under the physicist of this c	us of my knowledge and build, a tree and overplets statement of all exemptings. Also constitutions and lightifies for this constitut period and consecute de-
Agreed sender the passattion of purjects World	Candidan's diguaxes Date: 1/19/20

SCHEDULE A: RECEIPTS

\$5 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar fittees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the n and employer must be reported for all persons who contribute \$200 or more in a calendar year.

redule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

Jall receipts. Please include your committee name and a page number on each page.)

Date Received	Please include your committee name and a place Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
·	NONE				
	·				
ne 9: Total Receip	ts over \$50 (or listed above)	0			
	ots \$50 and under* (not listed above)	0			
	ECEIPTS IN THE PERIOD	0	← 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7/8/19	Squarespace INC.		Campaign Website 4 Domain Renewal	173-
				HILDRICK, ONLY THE LANGE OF THE PARTY OF THE
	E HINTERE OF THE STATE OF THE S			
				Linasikeisenas enamerikilaas .
	The second secon			
		Line 12: Expenditures over \$50 (or listed above)	173-
Line 13: Expenditures \$50 and under* (not listed above)				-0-
•	taran da arang	Line 14: TOTAL EXPENDITU	L	173-

^{*} 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

mize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be gether from the committee's records and included in line 16 on page 1.

NONE NONE	ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (a literal to 1)		NONE		T SOM TOURION	value
Line 15: In-Kind Contributions cover \$50 (a) listed to \$20.					
Line 15: In-Kind Contributions was \$50 (a, bired.)					
Line 15: In-Kind Contributions over \$50 (a list 1 1)					
Line 15: In-Kind Contributions was \$50 (a list of 1)					
Line 15: In-Kind Contributions over \$50 (a. bit d. b.)					,
Line 15: In-Kind Contributions over \$50 (calling 1)					
Line 15: In-Kind Contributions over \$50 (as line 1 to 2)					
Line 15: In-Kind Contributions over \$50 (as listed 1.1)					
Line 15: In-Kind Contributions over \$50 (as line 1)					
Line 15: In-Kind Contributions over \$50 (1):4-1-1					
Line 15: In-Kind Contributions over \$50 (1)-4-1-1					
Line 15: In-Kind Contributions over \$50 (1:4-1-1-1)					
Line 15: In-Kind Contributions over \$50 (1:-4-1-1)					
Table Contributions over \$30 (or listed above)			Line 15: In-Kind Contributions ov	ver \$50 (or listed above)	0
Line 16: In-Kind Contributions \$50 & under (not listed above) Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		f			0

^{*} 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.

Page 6

SCHEDULE D: LIABILITIES

s requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well abilities incurred during this reporting period.

Incurred	To Whom Due	Address	Purpose	Amount
Incurred	NONE			
,				
				And the second s
	Enter on page 1, line 7 → 1	Line 18: TOTAL OUTSTANDING	G LIABILITIES (ALL)	