

Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

WALTHAM
CITY CLERK'S OFFICE

2013 OCT 29 P 1:41

File with:
City or Town Clerk or Election Commission

RECORDED.

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning JANUARY 1, 2013 Ending OCTOBER 19, 2013

Type of report: (Check one)

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

DAVID F. GATELY

Full Name of Candidate (if applicable)

CITY COUNCIL - WARD ONE

Office Sought and District

222 TOTTEN POND ROAD

Residential Address

WALTHAM, MA 02451

781-891-4773

Tel. No. (optional)

THE GATELY COMMITTEE

Committee Name

EVAN J. GATELY

Name of Committee Treasurer

222 TOTTEN POND ROAD

Committee Mailing Address

WALTHAM, MA 02451

781-891-4773

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0

Line 2: Total receipts this period (page 2, line 11) \$ 3500.00

Line 3: Subtotal (line 1 plus line 2) \$ 3500.00

Line 4: Total expenditures this period (page 3, line 14) \$ 3335.57

Line 5: Ending balance (line 3 minus line 4) \$ 164.43

Line 6: Total in-kind contributions this period (page 4) \$ 0

Line 7: Total (all) outstanding liabilities (page 4) \$ 0

Line 8: Name of bank(s) used TD BANK

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 (in ink)

10/29/2013
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 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 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 filing 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:

Candidate signature (in ink)

10/29/13
Date

GATELY, DAVID

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)
8/20/13	ARSENAULT, TRACY 2 COWASSET LANE WALTHAM, MA	100	00	
8/20/13	BIBBO, DEBORAH 3 FALCONER CIRCLE WALTHAM, MA	150	00	
8/14/13	BRASCO, WAYNE 89 ORANGE ST. WALTHAM, MA	500	00	FUNERAL DIRECTOR BRASCO MEMORIAL
8/12/13	CHAGNON, DAVID 21 JUNIPER HILL RD. WALTHAM, MA	100	00	
8/17/13	COTTON, DIANE 40 HARRIS ST. WALTHAM, MA	100	00	
8/20/13	DEFINA, JOHN 129 GRAYMORE RD. WALTHAM, MA	100	00	
8/20/13	DEFINA, PATRICIA 129 GRAYMORE RD. WALTHAM, MA	100	00	
8/16/13	DELFINO, MICHAEL 14 BLOSSOM ST. HUDSON, MA	75	00	
8/12/13	GILBERT, KEITH 61 SANDY POND RD. LINCOLN, MA	500	00	CEO PARK LODGE HOTELS
8/20/13	GOODE, JOSEPH 8 CLEMENTS RD. WALTHAM, MA	100	00	
8/20/13	MEHTA, GIRISH 220 TOTTEN POND RD. WALTHAM, MA	100	00	
8/20/13	MEHTA, SUDHA 220 TOTTEN POND RD. WALTHAM, MA	100	00	
8/17/13	NOCERA, LOUIS 45 AZALEA RD. WALTHAM, MA	100	00	
8/20/13	PILICY, ROBERT 501 LEXINGTON ST. WALTHAM, MA	100	00	
8/20/13	PIZZI, RICHARD 581 LINCOLN ST. WALTHAM, MA	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)				see next page/receipts Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				

* 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

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)
8/20/13	PLANTE, RANDALL 99 RUSSELL AVE. WATERTOWN, MA	150	00	
8/20/13	REGAN, JAMES 15 JUNIPER HILL RD. WALTHAM, MA	100	00	
8/20/13	REGAN, PHYLLIS 15 JUNIPER HILL RD. WALTHAM, MA	100	00	
8/20/13	ROCK, HOWARD 182 FLORENCE RD. WALTHAM, MA	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		2775	00	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)		725	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3500	00	

* 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.

This page may be copied 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	
8/26/13	DAVID F. GATELY	222 TOTTEN POND RD. WALTHAM, MA	REIMBURSEMENT R1 FORM 8/26/2013	709	61
9/5/13	DAVID F. GATELY	222 TOTTEN POND RD. WALTHAM, MA	REIMBURSEMENT R1 FORM 9/5/2013	1115	37
10/2/13	DAVID F. GATELY	222 TOTTEN POND RD. WALTHAM, MA	REIMBURSEMENT R1 FORM 10/2/2013	614	00
10/17/13	DAVID F. GATELY	222 TOTTEN POND RD. WALTHAM, MA	REIMBURSEMENT R1 FORM 10/17/2013	880	59
8/30/13 9/30/13	TD BANK	305 SECOND AVE WALTHAM, MA	ACCOUNT FEES (inc. in under \$50 expend.)	16	00
Line 12: Expenditures over \$50				2883	68
Line 13: Expenditures \$50 and under*				451	89
Line 14: TOTAL EXPENDITURES				3335	57

Enter on page 1, line 4

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



Commonwealth
of Massachusetts

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:		26 AUGUST 2013
Name of Individual Being Reimbursed:	DAVID F. GATELY	
Committee Name:	THE GATELY COMMITTEE	
CPF ID Number (if applicable):		Telephone Number (optional): 781-891-4773

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
8/20/2013	SICHUAN GARDEN	411 WAVERLEY OAKS WALTHAM, MA	FOOD/RECEPTION FOR CAMPAIGN	709.61

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	709.61
Line 2: Expenditures \$50 or under (not itemized):	—
Line 3: TOTAL AMOUNT REIMBURSED:	709.61

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 10/29/2013

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



Commonwealth
of Massachusetts

Form CPF R 1 : Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance

One Ashburton Place

Boston, MA 02108

(617) 727-8352

Please print or type all information, except signatures.

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.

Name of Individual Being Reimbursed: DAVID F. GATELY

Committee Name: THE GATELY COMMITTEE CPF ID #: _____

Amount of Reimbursement: \$880.59

Date of Reimbursement: 10/17/2013

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
10/15/2013	FAST SIGNS CO. 922 MAIN ST. WALTHAM, MA	POLITICAL SIGNS	382	50
10/6/2013	STAPLES 800 LEXINGTON ST. WALTHAM, MA	NOTE CARD AND ENVELOPES	54	27
10/16/2013	USPS COLPITTS RD. WESTON, MA	STAMPS	395	00
Expenditures in excess of \$50 (listed above)			831	77
Expenditures \$50 and under (not listed above)			48	82
TOTAL AMOUNT REIMBURSED			880	59

Signed under the penalties of perjury:

David F. Gately
Signature of Candidate/Treasurer

10/29/13
Date

Please use a separate sheet for each reimbursement check issued.



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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

Boston, MA 02108

(617) 727-8352

Please print or type all information, except signatures.

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.

Name of Individual Being Reimbursed: DAVID F. GATELY

Committee Name: THE GATELY COMMITTEE CPF ID #: _____

Amount of Reimbursement: \$614.00

Date of Reimbursement: 10/2/2013

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
9/10/2013	ARTISTIC LABELS 1005 E. WOODMEN RD. COLORADO SPRINGS, CO.	MAILING LABELS/ENVELOPES	62	73
9/29/2013	ARTISTIC LABELS 1005 E. WOODMEN RD. COLORADO SPRINGS, CO.	MAILING LABELS/ENVELOPES	55	74
9/7/2013	HOME DEPOT 100 FIRST AVE. WALTHAM, MA	TAPE FOR SIGNS	50	04
9/7/2013	STAPLES 297 THE GREAT ROAD BEDFORD, MA	PRINT-INK CARTRIDGES	84	96
9/20/2013	USPS 25 COLPITTS RD. WESTON, MA	STAMPS	248	40
Expenditures in excess of \$50 (listed above)			501	87
Expenditures \$50 and under (not listed above)			112	13
TOTAL AMOUNT REIMBURSED			614	00

Signed under the penalties of perjury:

David F. Gately
Signature of Candidate/Treasurer

10/29/13
Date

Please use a separate sheet for each reimbursement check issued.



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

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

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.

Name of Individual Being Reimbursed: DAVID F. GATELY
Committee Name: THE GATELY COMMITTEE CPF ID #: _____
Amount of Reimbursement: \$1115.37
Date of Reimbursement: 9/5/2013

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
8/19/2013	ARTISTIC LABELS 1005 E. WOODMEN RD. COLORADO SPRINGS, CO	MAILING LABELS/ENVELOPES	50	79
7/12/2013	ARTISTIC LABELS 1005 E. WOODMEN RD. COLORADO SPRINGS, CO	MAILING LABELS/ENVELOPES	65	74
8/22/2013	CHATEAU RESTAURANT 195 SCHOOL ST. WALTHAM, MA	FOOD FOR INFORMATIONAL MEETING FOR WARD RESIDENTS	51	75
7/8/2013	STAPLES 297 THE GREAT ROAD BEDFORD, MA	NOTE CARDS AND ENVELOPES	82	81
7/16/2013	USPS COLPITTS RD. WESTON, MA	STAMPS	55	20
8/1/2013	USPS COLPITTS RD. WESTON, MA	STAMPS	184	00
6/29/2013	USPS COLPITTS RD. WESTON, MA	STAMPS	92	00
8/16/2013	USPS COLPITTS RD. WESTON, MA	STAMPS	138	00
7/17/2013	STAPLES 800 LEXINGTON ST. WALTHAM, MA	NOTE CARDS AND ENVELOPES	120	14
Expenditures in excess of \$50 (listed above)			840	43
Expenditures \$50 and under (not listed above)			274	94
TOTAL AMOUNT REIMBURSED			1115	37

Signed under the penalties of perjury:

David F. Gately / [Signature] 10/29/13
Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

GATELY, DAVID

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
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	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.

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 number on each page.



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