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Form CPF M 102: Campaign Finance Reportly CF WALHAM Municipal Form Office of Campaign and Political Finance

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, except signature		
Ending 9	h Dite	2013
0 day after election	on	ort Odissolution
Committe	mittee Name mmittee Treasurer e Mailing Address . Wallham	MA To. (optional)
report , line 11) (page 3, line 14) eriod (page 4) page 4)	\$ 00 - 0 \$ 00 - 0 \$ 00 - 0 \$ 00 - 0 \$ 00 - 0	00
in-kind contributions a	and liabilities for this report	ting period and represents
	Ending 9 O day after election Committee C	Ending 9 9 O day after election

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)

Candidate without Committee OR Candidate with independent activity filing separate report

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)		
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Line 9:	Total re	ceipts in e	xcess of \$50 (or	listed above)	00	00	,
Line 10:	Total re	ceipts \$50	and under* (not	listed above	>)	00	00	
Line 11:	TOTAI	L RECEI	PTS IN THE PE	RIOD	٠.	0 -		Enter on page 1, line 2 should include only those receipts not item

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
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		Line 12:	Expenditures over \$50	00	<u> </u>
E	Inter on many 1. 11	Line 13:	Expenditures \$50 and under*	00	0.0
E	Enter on page 1, line 4	Lina 14.	TOTAL EXPENDITURES 2. Line 13 should include only		1

nized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				-
The state of the s	Jan 2007 100 100 100 100 100 100 100 100 100			
Minor Land				
*,		Y:15.	T. I. I. Oro	
	-		In-kind over \$50 In-kind \$50 and under	00.00
	Enter on page 1, line 6	Line 17:	Total In-kind	00.0

^{*} 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)	00.00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page