

Form CPF M 102: Campaign Finance Report TY AF Municinal Form Municipal Form Office of Campaign and Political Finance

2019 NOT 28 - 1: U.S.

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with: y or Town Clerk or Election Commission	KEUUKUEU
Please print or type all ir	nformation, except signatures.
· · · · · · · · · · · · · · · · · · ·	Year Month Date Year 2013 Ending OCTOBER 19, 2013
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding elect	tion 30 day after election Syear-end report Sdissolution
DANIEL P. ROMARD COMM Full Name of Candidate (if applicable) Office Sought and District 291 DAS ST. WALTHAM Residential Address	Committee Name KEUIN HART Name of Committee/Treasurer 291 DALE ST. WALTHAM Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from pro Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used	d (page 2, line 11) \$ 5070.00 \$ 8491.03 period (page 3, line 14) \$ 1304.25 us line 4) \$ 7186.78 s this period (page 4) \$ ——
tinance activity, incliding all contributions, foans, receipts, expenditures, dis- campaign finance activity of all persons acting under the authority or on beha-	t is, to the best of my knowledge and belief, a true and complete statement of all campaisbursements, in-kind contributions and liabilities for this reporting period and represents alf of this committee in accordance with the requirements of M.G.L. c. 55. penalties of perjury: 13 25 13 Date
	S ONLY: (CANDIDATE MUST SIGN BELOW)
Aftidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the commit I certify that I have examined this report including attached schedules and i finance activity, of all persons acting under the authority or on behalf of the contributions, incurred any liabilities not made any exceeditures on my behalf.	it is, to the best of my knowledge and belief, a true and complete statement of all campa ils committee in accordance with the requirements of M.G.L. c. 55. I have not received

(1/		
Affidavit	t of Candidate: (check 1 box only)	
Candi 🕒	idste with Committee and no activity independent of the committee	
I certify t	that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and compl	ete statement of all campaign
finance a	ctivity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L.	55 There are received any
contribut	tions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.	or but the for the control and
Candi	idate without Committee OR Candidate with independent activity filing separate report	
Logify	that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and comp	
finance a	the transfer of the state of th	icre statement of all campaign
Tillation &	activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this repor	ting period and represents the
Cambar &	n 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.
1	figned under the penalties of perjury:	i
1		
_ E	10/23/	2010
Candida	ate signature (in ink)	

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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

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)		
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Line 9: T	otal receipts in excess of \$50 (or listed above)	3800	00	-		
Line 10: T	otal receipts \$50 and under* (not listed above)		00			
Line 11: 7	OTAL DECEMBER IN THE	1270				
	itemized receipts of \$50 and under include them in l	5070	50	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.

Page 2

SCHEDULE A: RECEIPTS

DATE NAME AND RESIDENTIAL ADDRESS Amount Occ / Employer 10-Sep B. Schaffhausen, Waltham, MA \$ 200.00 Self-Emp 6-Sep A. Antico, Waltham, MA \$ 500.00 Self-Emp 6-Sep R. Monopoli, Waltham, MA \$ 100.00 Dev/ Boston Proper 5-Sep L. Nocera, Waltham, MA \$ 100.00 Retired 21-Aug K. Gilbert, Waltham, MA \$ 500.00 Hosp/Self-Emp 18-Sep D. Waybright, Waltham, MA \$ 250.00 Dev/Nelson Proper 18-Sep D. Waybright, Waltham, MA \$ 100.00 Mktg/Millipore 18-Sep D. Chebookjian, Waltham, MA \$ 100.00 Mktg/Millipore 18-Sep P. Marcus, Boston, MA \$ 200.00 Dev/Marcus Prtnrs 18-Sep P. Cameron, Newton, MA \$ 100.00 Self-Emp 18-Sep P. McCourt, Wellesley, MA \$ 100.00 Self-Emp 18-Sep R. Dacey, Waltham, MA \$ 100.00 Self-Emp 18-Sep P. Brickman, Brookline, MA \$ 200.00 Dev/Self-Emp 18-Sep R. Toney, Waltham, MA					
6-Sep A. Antico, Waltham, MA \$ 500.00 Self-Emp 6-Sep R. Monopoli, Waltham, MA \$ 100.00 Dev/ Boston Proper 5-Sep L. Nocera, Waltham, MA \$ 100.00 Retired 21-Aug K. Gilbert, Waltham, MA \$ 500.00 Hosp/Self-Emp 18-Sep D. Waybright, Waltham, MA \$ 250.00 Dev/Nelson Prop 18-Sep S. Chebookjian, Waltham, MA \$ 100.00 Mktg/Millipore 13-Sep P. Marcus, Boston, MA \$ 200.00 Marcus Prtnrs 18-Sep P. Cameron, Newton, MA \$ 200.00 Dev/Marcus Prtnrs 18-Sep P. McCourt, Wellesley, MA \$ 100.00 Self-Emp 18-Sep R. Dacey, Waltham, MA \$ 100.00 Self-Emp 18-Sep T. Pratt, Waltham, MA \$ 100.00 Frightr/City Waltham 18-Sep P. Brickman, Brookline, MA \$ 200.00 Dev/Self-Emp 18-Sep E. Rogers, Lexington, MA \$ 200.00 Retired 18-Sep P. Trombley, Waltham, MA \$ 100.00 Retired 23-Sep E. Battaglino, Waltham, MA \$ 100.00 Self-Emp 23-Sep J. Battaglino	DATE	NAME AND RESIDENTIAL ADDRESS	Amo	unt	Occ / Employer
6-Sep R. Monopoli, Waltham, MA \$ 100.00 Dev/ Boston Proper 5-Sep L. Nocera, Waltham, MA \$ 100.00 Retired 21-Aug K. Gilbert, Waltham, MA \$ 500.00 Hosp/Self-Emp 18-Sep D.Waybright, Waltham, MA \$ 250.00 Dev/Nelson Prop 18-Sep S. Chebookjian, Waltham, MA \$ 100.00 Mktg/Millipore 13-Sep P. Marcus, Boston, MA \$ 200.00 Marcus Prtnrs 18-Sep P. Cameron, Newton, MA \$ 200.00 Dev/Marcus Prtnrs 18-Sep P. McCourt, Wellesley, MA \$ 100.00 Self-Emp 18-Sep R. Dacey, Waltham, MA \$ 100.00 Self-Emp 18-Sep T. Pratt, Waltham, MA \$ 100.00 FrFghtr/City Walthat 18-Sep P. Brickman, Brookline, MA \$ 200.00 Dev/Self-Emp 18-Sep E. Rogers, Lexington, MA \$ 200.00 Dev/Self-Emp 18-Sep K. Toney, Waltham, MA \$ 100.00 Retired 18-Sep P. Trombley, Waltham, MA \$ 100.00 Retired 18-Sep E. Battaglino, Waltham, MA \$ 100.00 Retired 23-Sep E. Battaglino, Waltham, MA \$ 100.00 Self-Emp 23-Sep J. Battaglino, Waltham, MA \$ 100.00 Retired 23-Sep J. Battaglino, Waltham, MA \$ 100.00 Real Estate 7-Oct V. Mula, Waltham, MA \$ 200.00 Business Owner 17-Oct T. Ducell, Peabody, MA \$ 125.00 Dev/Hobb Brook	10-Sep	B. Schaffhausen, Waltham, MA	\$	200.00	Self-Emp
5-Sep L. Nocera, Waltham, MA \$ 100.00 Retired 21-Aug K. Gilbert, Waltham, MA \$ 500.00 Hosp/Self-Emp 18-Sep D.Waybright, Waltham, MA \$ 250.00 Dev/Nelson Prop 18-Sep S. Chebookjian, Waltham, MA \$ 100.00 Mktg/Millipore 13-Sep P. Marcus, Boston, MA \$ 200.00 Marcus Prtnrs 18-Sep P. Cameron, Newton, MA \$ 200.00 Dev/Marcus Prtnrs 18-Sep P. McCourt, Wellesley, MA \$ 100.00 Self-Emp 18-Sep R. Dacey, Waltham, MA \$ 100.00 Self-Emp 18-Sep T. Pratt, Waltham, MA \$ 100.00 FrFghtr/City Waltham 18-Sep P. Brickman, Brookline, MA \$ 200.00 Dev/Self-Emp 18-Sep E. Rogers, Lexington, MA \$ 200.00 Dev/Self-Emp 18-Sep K. Toney, Waltham, MA \$ 100.00 Retired 18-Sep P. Trombley, Waltham, MA \$ 100.00 Self-Emp 23-Sep E. Battaglino, Waltham, MA \$ 100.00 Self-Emp 7-Oct J. Mannix, Boston, MA \$ 100.00 Real Estate 7-Oct V. Mula, Waltham, MA \$ 200.00 Business Owner 17-Oct T. Ducell, Peabody, MA <td< td=""><td>6-Sep</td><td>A. Antico, Waltham, MA</td><td>\$</td><td>500.00</td><td>Self-Emp</td></td<>	6-Sep	A. Antico, Waltham, MA	\$	500.00	Self-Emp
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18-Sep D.Waybright, Waltham, MA \$ 250.00 Dev/Nelson Prop 18-Sep S. Chebookjian, Waltham, MA \$ 100.00 Mktg/Millipore 13-Sep P. Marcus, Boston, MA \$ 200.00 Marcus Prtnrs 18-Sep P. Cameron, Newton, MA \$ 200.00 Dev/Marcus Prtnrs 18-Sep P. McCourt, Wellesley, MA \$ 100.00 Self-Emp 18-Sep R. Dacey, Waltham, MA \$ 100.00 FrFghtr/City Waltham 18-Sep T. Pratt, Waltham, MA \$ 200.00 Self-Emp 18-Sep P. Brickman, Brookline, MA \$ 200.00 Dev/Self-Emp 18-Sep E. Rogers, Lexington, MA \$ 200.00 Dev/Self-Emp 18-Sep K. Toney, Waltham, MA \$ 100.00 Retired 18-Sep P. Trombley, Waltham, MA \$ 100.00 Self-Emp 23-Sep E. Battaglino, Waltham, MA \$ 100.00 Self-Emp 23-Sep J. Battaglino, Waltham, MA \$ 100.00 Real Estate 7-Oct J. Mannix, Boston, MA \$ 200.00 Business Owner 17-Oct T. Ducell, Peabody, MA \$ 125.00 Dev/Hobb Brook	5-Sep	L. Nocera, Waltham, MA	\$	100.00	Retired
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17-Oct T. Ducell, Peabody, MA \$ 125.00 Dev/Hobb Brook	7-Oct	J. Mannix, Boston, MA	\$	100.00	Real Estate
*	7-Oct	V. Mula, Waltham, MA	\$	200.00	Business Owner
17-Oct J. Ducell, Peabody, MA \$ 125.00 Self-Emp	17-Oct	T. Ducell, Peabody, MA	\$	125.00	Dev/Hobb Brook
	17-Oct	J. Ducell, Peabody, MA	\$	125.00	Self-Emp
Line 9: Total Receipts in excess of \$50. \$ 3,800.00		Line 9: Total Receipts in excess of \$50		200 00	

Line 9: Total Receipts in excess of \$50.	\$ 3,800.00
Line 10: Total receipts \$50. and under	\$ 1,270.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	\$ 5.070.00

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	Amo	unt
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		T:	12. E		
			e 12: Expenditures over \$50 e 13: Expenditures \$50 and under*	1304	25
]	Enter on page 1, line 4 emized expenditures of \$50 and	T.i.	A 14 TOTAL EVENENERS		100 000

zed expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Dama 2

SCHEDULE B: EXPENDITURES

DATE	TO WHOM PAID	ADDRESS	AMOUNT	PURPOSE
18-Sep	CH Tavern (DR)	Winter St. Waltham	\$487.00	Reception
15-Aug	Postmaster (DR)	Waltham, MA	\$230.00	Stamps
25-Sep	Sawicki and Sons (DR)	Detroit, MI	\$484.50 Signs	
17-Aug	Staples (DR)	Waltham, MA	\$102.75	Supplies
	Line 12: Total Expenses Over \$50.00		\$1,304.25	
Line 13: Total Expenses \$50.00 and Under		Inder	0.00	_
	Total Expenditures		\$1,304.25	_

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
				<u>-</u> · ,
To disk the state of days.		NONE -		
-				
		Line 15:	In-kind over \$50	0
		Line 16:	In-kind \$50 and under	0
	Enter on page 1, line 6	Line 17:	Total In-kind	10

^{*} 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
	/	Jours -		0
	·			
•	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	10