

Form CPF M 102: Campaign Finance Report Y AF WALTHAM Municipal Form

Office of Campaign and Political Finance

2013 OCT 28 A & 50

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y or Town Clerk or Election Commission					
Please print or type all information, except	t signatures.				
Y221 2 - 2-A					
	Month Date Year				
Reporting Period Beginning 05/01/2013 Endi	ing 10 1 28 / 2013				
Type of report: (Check one)	1				
☐8th day preceding preliminary ☐8th day preceding election ☐30 day at	fter election Uyear-end report Udissolution				
Francis X Stanton TIE Campaig	n to Elect Francis Stanfon				
Full Name of Candidate (if applicable)	Committee Name				
City Councilor - ward 8 M. D.	extene Stanton				
Office Sought and District	ame of Committee Treasurer				
140 Alder St. Waltham MA 02453 140 Alder	St waltham pro or453				
	Committee Mailing Address				
Tel. No. (optional)	Tal Ma Carlon				
x ca riva (operonar)	Tel. No. (optional)				
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Line 4: Line 5: Line 6: Line 6					
Affidavit of Committee Treasurer:					
I certify that I have examined this report including attached schedules and it is, to the best of my kn	sowledge and belief, a true and complete statement of all campaign				
finance activity, including all contributions, loans, receipts, expenditures, disbursements, in kind con campaign linance activity of all persons acting under the authority or on behalf of this committee in	stributions and liabilities for this reporting period and represents the accordance with the requirements of M.G.L. c. 55				
Signed under the penalties of perjury:					
NAMEON MYALYAN	· ///27//3				
Treasurer's signature (in ink)	Dale				
FOR CANDIDATE FILINGS ONLY: (CANI	DIDATE MUST SIGN BELOW)				
Affidenti of Candidatas (abade 1 hamanla)					
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee					
I cortify that I have examined this report including attached schedules and it is, to the best of my kn	nowledge 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	nce with the requirements of M.G.L. c. 35. I have not received any				

imance activity, of all persons acting under the authority of on benall of this committee in accordance with the requirements of M.L.L. c. 33. 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 filling 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:

Chndidate signature (in ink)

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 eceived	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)		
8/13/13	MA Republian Municipal PAC CPF# 80775	700	w	× 14-		
	POB 702 Shrewsbery MA 01545					
15/13	Susan & Deputed Me Greek U Berkshire Rd walthom 02453	100	o			
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		•				
	•					
Line 9:	Total receipts in excess of \$50 (or listed above)	300	i or	0		
Line 10); Total receipts \$50 and under* (not listed above)	520	5 00			
Line 11	: TOTAL RECEIPTS IN THE PERIOD	815	o	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 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	· Amo	unt
5/08/13	Vista Pnnt	on line	Cards 4	111	00
5/28/13	Francis Stanton	140 Alder St Walthem MA	web site	16	00
6/1/13	Paper Store	Wat-lex Placa Lexington St. walth	Thenke your	19	10
6/10/13	Sticleer male	on line.	strokers	Eov	OO
					•
	·				
		·			
	·				
		Line 1:	2: Expenditures over \$50	311	707
			3: Expenditures \$50 and under		
	Enter on page 1, line 4		4:TOTAL EXPENDITURE		

^{*}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

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

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