

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

CITY OF WALTHAM CITY CLERK'S OFFICE

OI Massachuscus	File with: City or Town Clerk on Election Commission
Fill in Reporting Period dates: Beginning Date: 10/2	Ending Date: 12/31/2023
Type of Report: (Check one)	in the VED
	30 day after election year-end report dissolution
Carolina Lara	
Candidate Full Name (if applicable) School Committee	Committee Name
Office Sought and District 43 Harvard St #3 Waltham MA 02	
	Committee Mailing Address 3-mail:
Phone #: 617 584 6486	Phone # :
SUMMARY BALANCE I	INFORMATION:
Line 1: Ending Balance from previous report	. — Ø
Line 2: Total receipts this period (page 3, line 12)	Ø
Line 3: Subtotal (line 1 plus line 2)	· Ø
Line 4: Total expenditures this period (page 5, line 15)	<u>Ф</u>
Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6, line	10\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Line 7: Total (all) outstanding liabilities (page 7, line 19)	
Line 8: Total out-of-pocket expenses this period (page 8, lir	ne 22) Ø
Line 9: Name of bank(s) used: Bank of American	
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best of m activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in account.	ibutions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box on	ly)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting periods.	ance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, in-k campaign finance activity of all persons acting under the authority or on behalf of this can	kind contributions and liabilities for this reporting period and represents the adidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: / aco/una faro	(Candidate's signature) Date: <u>i/19/24</u>

SCHEDULE A: RECEIPTS

4.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar ear. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor o 50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

'ttach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

	nees as needed to report all receipts. Please include the candidate or committee in Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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Acceptance of the Control of the Con				
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	MATERIAL SERVICES	<u> </u>		
· 11				

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Rece	ipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and
	ipts \$50 and under (not listed above)	φ	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL I	RECEIPTS IN THE PERIOD	ϕ	Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date I alu	(aiphabetteai listing)	Address	Turpose of Expenditure	
designatura (m. 1945)				

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		·		
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		Ø
should include only those expenditures not itemized above. Line 14: Expenditures \$50 and under (not listed above)			Ø	
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD			(h)	
	= - :			<u> </u>

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

Cruae ine canaidale	or committee name and a-page number on	l each additional page.		
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	Management of the Control of the Con			
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			The state of the s	
			300	
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above. Line 16: In-Kind Contributions over \$50 (or listed above) Line 17: In-Kind Contributions \$50 and under (not listed above)		Ø.		
		and under (not listed above)	ϕ	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	4

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
7/30/23	Carolina Lara (candidate)	43 Harvard St #3 Waitham MA 02453	to pay Website Hosting To Pay Yard Signs	\$55.04
8/30/23	Carolina Lara (Candidate)	43 Harvard St #3 Waltham MA 02453	to Pay Yard Signs	\$1,767 36
		·		

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
	nized Out-Of-Pocket Expenditures \$50 and e)	Ø .	should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	Ø	← Enter on page 1, line 8