

# Form CPF M 102: Campaign Finance Report CITY OF WALTHAM CITY CLERK'S OFFICE

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	Munici	ipal Form		ERK'S OFFICE
The second secon	Office of Campaig	n and Pelitical Finance O	DV 2014 IAN .	-8 A 9:48
Massachusetts			E COLT OWN.	0 A 1 40
e with:		<del></del>		<del>ORDEO —</del>
ty or Town Clerk or Election Commission	•	•	1102 4	
	Please print or type all in	formation, except signature	es.	
Fill in dates: Month	Date Ye	≓⊈r Mont	th Date	Year
Reporting Period Beginning Octob	ver 20 2	013 Ending Dec		2013
Type of report: (Check one)	<b>.</b>		·· ··· \	
☐8th day preceding preliminary [		ion   30 day after election	on Xyear-end report	t dissolution
Clarence Darrow Ri	Landon In			
Full Name of Candidate (if	Charles and al.			
Councillor - At - Large	Applicable)	Comi	mittee Name A 1 / A	
Office Sought and Di		N	V/A	<del></del> ,   .
60 Alder St. Wal		. Name of Co	mmittee Treasurer	,
Residential Addre		Committee	Mailing Address	
734-476-2		Commune	turaning wantess	
	Tel. No. (optional)	· · · · · · · · · · · · · · · · · · ·	Tel. No.	(optional).
		<u> </u>		(
	SIIMMADV BALA	NCE INFORMATIO	NT.	
			·	1
	balance from pre		\$ 0.00	
	ceipts this period	(page 2, line 11)	\$ 0.00	_ ]
Line 3: Subtotal	(line 1 plus line 2)		\$ 0.00	
Line 4: Total ex	penditures this p	eriod (page 3, line 14)	\$ 0.00	
	balance (line 3 minus		\$ 0.00	_
Line 6: Total in-l	kind contributions	this period (page 4)	\$ 10.00	.
Line 7: Total (all	l) outstanding liabi	lities (page 4)	\$ 0.00	_
•	bank(s) used	~ ~ ′	·	_
		10/02		<del>-</del> )
			· · · · · · · · · · · · · · · · · · ·	<u> </u>
Affidavit of Committee Treasurer: I certify that I have examined this report inclu	ding attached schedules and it is	to the best of my knowledge and	haliaf a true and complete o	totement of all composits
finance activity, including all contributions, los	ans, receipts, expenditures, disbu	rsements, 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 Signed under the p	of this committee in accordance we enalties of perjury:	ith the requirements of M.G.1	L. c. 55.
Treasurer's signature (in ink)			Date	
727				
FOR CAN	DIDATE FILINGS	ONLY: (CANDIDATE MU	IST SIGN BELOW)	
Affidavit of Candidate: (check I box only)				
Candidate with Committee and no activ	ity independent of the commit	tee		
I certify that I have examined this report inclu finance activity, of all persons acting under the	ne authority or on behalf of this	committee in accordance with the r	cener, a true and complete st equirements of M.G.L. c. 55.	latement of all campaign. I have not received any
contributions, incurred any liabilities nor mad  Candidate without Committee OR Cand	e any expenditures on my behalf	during this reporting period.		
I certify that I have examined this report inclu	iding attached schedules and it is	s, to the best of my knowledge and	belief, a true and complete s	tatement of all campaign
finance activity, including contributions, loan campaign finance activity of all persons acting	ıs, receipts, expenditures, disbum	sements, in-kind contributions and	liabilities for this reporting a	period and represents the
_	Signed under the penals	ties of perjury:	with the requirements of M.G.	.L., C. 33.
Clarence Darrow	Richardson,	$Q_{-}$	1/10/16	4
Candidate signature (in ink)	1	z-e	Date	<u></u>

## 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

N/A	AI/A	ch page.  Name and Residential Address (alphabetical listing required)			nour	occupation & Emp (for contributions of \$200	loyer Lorman
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ine 9: Tota	receinte :-						
	l receipts in exces l receipts \$50 and	s or \$30 (or liste	ed above)	<del>                                     </del>	00	·	
ine 11: TO7	AL RECEIPTS	mucr (not list	above)	0.	00	Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized 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	Am	ount
N/A	N/A	NA	N/A	0.	00
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•			Expenditures over \$50	0,	0.0
	iter on page 1, line 4	Line 14	4: TOTAL EXPENDITURES 12. Line 13 should include only the	0.	00

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

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#### 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
11/7-12/2	Clarence Richardson	60 Alder St. Waltham, MA	use of website domain	# 10.00
	<b></b>			
	,			
			: In-kind over \$50	0.00
	Enter on page 1, line 6	······································	In-kind \$50 and under Total In-kind	\$10.00

<sup>\*</sup> 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
N/A	N/A	NA	NA	0.00
				:
	,			
	Enter on page 1, line 7	Line 18: OUTSTANDING	G LIABILITIES (ALL)	0.00

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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