# FILE COPForm CPF M 102: Campaign Finance Report

**Municipal Form** 

CITY OF WALTHAM CITY CLERK'S OFFICE

Office of Campaign and Political Finance

Commonwealth of Massachusetts	2015 Jail 20 5 511  File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Jan 1, 2014 Ending Date: Sarafina L CURUFU
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	on 🗌 30 day after election 🔀 year-end report 🔲 dissolution
Sarafina 'Sally" Collura  Candidate Full Name (if applicable)	Collura Committee  Committee Name
Councillor at Large Office Sought and District	Rocco L. Collura, Jr.  Name of Committee Treasurer
Residential Address Telephone Number (optional): (781) 838-1130	80 Taylor Street #2   Committee Mailing Address   Telephone Number (optional):
	ANCE INFORMATION:
Line 1: Ending Balance from previous report	133.11
Line 2: Total receipts this period (page 3, line	
Line 3: Subtotal (line 1 plus line 2)	5 line 14) 24.56
Line 4: Total expenditures this period (page 5  Line 5: Ending Balance (line 3 minus line 4)	5, Inc 14)
Line 6: Total in-kind contributions this period	od (page 6) 0
Line 7: Total (all) outstanding liabilities (pag	
Line 8: Name of bank(s) used: Rockland Trust	t Bank
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this commit	the best of my knowledge and belief, a true and complete statement of all campaign finance n-kind contributions and liabilities for this reporting period and represents the campaign ittee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: ROCCOA Collegia J	(Treasurer's signature) Date: Jan 20, 2015
activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this rep  Candidate without Committee OR Candidate with independent activity first light that I have examined this report including attached schedules and it is	s, to the best of my knowledge and belief, a true and complete statement of all campaign finance see in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, seporting period.  Solution in the best of my knowledge and belief, a true and complete statement of all campaign sements in-kind contributions and liabilities for this reporting period and represents the
campaign finance activity of all persons acting under the authority or on behal	If of this committee in accordance with the requirements of M.G.L. c. 55.

#### 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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
ine 9: Total Receip	ots over \$50 (or listed above)	0	
ine 10: Total Recei	pts \$50 and under* (not listed above)	0	
	ECEIPTS IN THE PERIOD	0	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 above.

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
:			
		:	
1			
:			
Line 9: Total Receip	ots over \$50 (or listed above)	0	
Line 10: Total Recei	pts \$50 and under* (not listed above)	0	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← 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 above.

#### 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Dec 31, 2014	Duncan Donuts	Moody Street	Meeting with Seniors	24.5
		Line 12: Total Expenditu	res over \$50 (or listed above)	
			es \$50 and under* (not listed above)	
	Enter on page 1, line 4 -	→ Line 14: TOTAL EXPE	NDITURES IN THE PERIOD	24.

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1				
	<b>F</b>			
				/
		1		
Line 12: Expenditures over \$50 (or listed above)		0		
Line 13: Expenditures \$50 and under* (not listed above)			0	
	Enter on page 1, line 4 →		TURES IN THE PERIOD should include only those expenditure	24.56

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

Page 5

#### 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 on page 1.

Date Received	From Whom Received*	Residential Address Description of Contributi	on Value
	-		
		44	
		Line 15: In-Kind Contributions over \$50 (or listed above)	
Line 16: In-Kind Contributions \$50 & under (not listed above)			ve)
	T ( 1 line 6 ->	Line 17: TOTAL IN-KIND CONTRIBUTIONS	

<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.

Page 6

#### 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: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0