

Form CPF M 102: Campaign Finance Report WALTHAM CITY CLERK'S OFFICE Municipal Form Office of Campaign and Political Finance 9014 IAM 1

manonwald Massachusetts	2014 JAN 14 P 12: 32
ile with: ity or Town Clerk or Election Commission	RECORDED
	formation, except signatures.
Fill in dates	ear Month Detc Year
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding elect	ion 30 day after election Eyear-end report dissolution
EDMUND P. TARALLO Full Name of Candidate (if applicable) Councilly WARD 2 Office Sought and District 52 Munivian Ava., Wanthum, MA 02451 Residential Address Tel. No. (optional)	Committee To Elect Edmund P Tarq 1/o Committee Name Edward A. Cairq Name of Committee Treasurer 4 Mountain Ad. Waitham, MR 02457 Committee Mailing Address Tel. No. (optional)
SUMMARY BALA 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 minu Line 6: Total in-kind contributions Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used Ba	(page 2, line 11) S 200,00 S 9,629,70 Seriod (page 3, line 14) S 1,632.60 s line 4) S 7,997.10 this period (page 4) S - 0 -
campaign finance activity of all persons acting under the authority or on behalf	s, to the best of my knowledge and belief, a true and complete statement of all campaign ursements, in-kind contributions and liabilities for this reporting period and represents the for this committee in accordance with the requirements of M.G.L. c. 55. sensities of perjury: - 2 - 4 Date
FOR CANDIDATE FILINGS	SONLY: (CANDIDATE MUST SIGN BELOW)
contributions, incurred any liabilities nor made any expenditures on my behalt Candidate without Committee OR Candidate with independent activ. 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 committee in accordance with the requirements of M.G.L. c. 55. I have not received any f during this reporting period. Ity filling separate report is, to the best of my knowledge and belief, a true and complete statement of all campaign reements, in-kind contributions and liabilities for this reporting period and represents the 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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received		Amount		Occupation & Employer (for contributions of \$200 or more	
10/14/13	MULA, Vincent A. 31 Cliff Rd, Waltham, MI 02452	200	00	President, Mula Mutental's Corp.	
		· .		· · · · · · · · · · · · · · · · · · ·	
					
	-				
·					
	•				
		·	-	·	
					
Line 9: To	otal receipts in excess of \$50 (or listed above)		·		
Line 10: To	otal receipts \$50 and under* (not listed above)	200	00		
Line 11: T	OTAL RECEIPTS IN THE PERIOD	200	(2.12	Enter on page I, 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 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

Date Paid	te Paid To Whom Paid Address Purpose of Expenditure (alphabetical listing)		Purpose of Expenditure	Amount	
111/13-	3/	P.O. BOX 25118			
12/31/13	Bank of America	Tumpy F133622-5/18	Bunt Fees	105	
	•	229 High ST.		102	00
1/18/13	Brusco Florist Inc.	Walthrow, MA 02453	Flowers	114	2
,		229HichsTi		1/7	20
3/8/13.	Brescotlorist, Inc.	WUTTHEN MA 02453	Flowers	114	2 /
21.1		229 14.9 4 37,		//7	<i>'''</i>
4114/13	Brasco Florist Inc.	49 11hon MA 62453	Flowers.	114	ى د
2/8/13	committee To Elect	14 Mount walley Ro,			
270 173	Teddy Taryllo	Waltham, MA 02451	Contribution	100	00
9/24/13	The Logan Conmittee	109 Taylor ST.			
7124/13	A STATE OF THE STA	W417him, MA 02453	Contribution	100	00
8/23/13	Unite to Fight	1500 Rose crans Auz.			
כווכרוו	Puncreatic Cuncer Waltham	Manh atten Beach CA 90266 P.O. Bex 541120	ponation.	100	<i>0</i> 0
5/11/13	Land Trust	Waitham, MA 02454-1120	Membership T		. ,
	Waltham		Tickers/punation	150	00
122 /13	Pop Warner Golf	552 Main St., Suite Waltham, Mn 02452	Hole Sponsor	100	00
				700	00
		·			
	· ·				
				·	
	•				
			:		
		·			
				. <u>—</u>	
		Line 12	Expenditures over \$50	Gail	<u> </u>
	•		Expenditures \$50 and under*	994	60
	Enter on page 1, line 4		TOTAL EXPENDITURES	638	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. Page 3

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*		otion of Value
*			
-			
		Line 15: In-kind over	\$50
		Line 16: In-kind \$50	and under
	Enter on page 1, line 6	Line 17: Total In-kin	d - 0 -

^{*} 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)	-0-

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page