

# Form CPF M 102: Campaign Finance ReportTY OF WALTHAM Municipal Form

	Office of Campaign and Political Finance	2014 JAN 15 A 10: 07
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ile with:		
Eity or Town Clerk or Election Commission Please	print or type all information, except	cionstures
TPD 1. Jane		
Reporting Period Beginning	5 ZUB Endir	ng / Date Zo14
Type of-report: (Check one)  ☐8th day preceding preliminary ☐8th of	lay preceding election 30 day aft	er election Dyear-end report dissolution
Francis X Stanton III	Campaign	10 to Elect Francis Stantia
Full Name of Candidate (if applied		Committee Name
Ward & Council		rene Stanton
Office Sought and District		me of Committee Treasurer
Residential Address		ommittee Mailing Address OUS
Te	l. No. (optional)	Tel. No. (optional)
Line 2: Total receip Line 3: Subtotal (line Line 4: Total expen Line 5: Ending bala Line 6: Total in-kind	ditures this period (page 3, 1 ince (line 3 minus line 4)  contributions this period (page 4)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	cipts, expenditures, disbursements, in-kind contr	wledge and belief, a true and complete statement of all campaign ibutions and liabilities for this reporting period and represents the accordance with the requirements of M.G.L. c. 55.
FOR CANDIE	ATE FILINGS ONLY: (CANDI	IDATE MUST SIGN BELOW)
finance activity, of all persons acting under the auth contributions, incurred any liabilities nor made any e  Candidate without Committee OR Candidate I certify that I have examined this report including a	ttached schedules and it is, to the best of my kno ority or on behalf of this committee in accordant expenditures on my behalf during this reporting p with independent activity filing separate repo ttached schedules and it is, to the best of my kno ipts, expenditures, disbursements, in-kind contri	ort wledge and belief, a true and complete statement of all campaign butions and liabilities for this reporting period and represents the

## 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 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 Received	Name and Residential Address (alphabetical listing required)		ount	Occupation & Employer (for contributions of \$200 or more)	
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Line 9: Tota	al receipts in excess of \$50 (or listed above)				
ine 10: Tota	al receipts \$50 and under* (not listed above)				
ine 11: TO	TAL RECEIPTS IN THE PERIOD  mized receipts of \$50 and under include them in ti-			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.

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	aid To Whom Paid Address Purpose of Expenditur		Purpose of Expenditure	Amount
	<u> </u>			
				· · · · ·
	· · · · · · · · · · · · · · · · · · ·			<u> </u>
<u> </u>				
<u> </u>		Line 12	: Expenditures over \$50	
**			: Expenditures \$50 and under*	
	nter on page 1, line 4	Line 14	12. Line 13 should include only the	

mized 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*	Residential Address	Description of Contribution	Value
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		. *		
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			•	,
		Line 15: 1	In-kind over \$50	<del> </del>
		Line 16:	In-kind \$50 and under	
Enter on page 1, line 6 Line 17: Total In-kind				

<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
	,		
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	

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.