

Form CPF M 102: Campaign Finance Report Municipal Form LE COP Office of Campaign and Political Finance

CITY OF WALTHAM
CITY CLERK'S OFFICE

2013 DEC 30 P 3: 01

File with:		
City or Town	Clerk or Election	Commission

Candidate signature (in ink)

RECORDED

Please print or type all i	information, except signa	atures.	NEOONDED
Fill in dates: Month Date Reporting Period Beginning 10 20 2	Year O / 3 Ending	Month Delc	Y== 2013
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding elec	ction	ection \(\overline{\overli	port Kidissolution
M. JUSTIN BARRETT, JR. Full Name of Candidate (if applicable) WARD 2 COUNCILLOR Office Sought and District 12 CURVE ST Residential Address WALTHAM MA 02451 Tel. No. (optional)	KATHLEE, Name of	Committee Name N D BAR f Committee Treasurer S T oittee Mailing Address MA 02451	TUSTIN BARRETT, RETT No. (optional)
Line 1: Ending balance from pr Line 2: Total receipts this perio Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this Line 5: Ending balance (line 3 min Line 6: Total in-kind contributions Line 7: Total (all) outstanding liah Line 8: Name of bank(s) used	d (page 2, line 11) period (page 3, line 1 us line 4) s this period (page 4 pilities (page 4)	\$ \(\frac{\partial}{\partial} \) \$ \(\part	18 18 1- - - -
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it finance activity, including all contributions, loans, receipts, expenditures, discampaign finance activity of all persons acting under the authority or on behavior of the second of t	bursements, in-kind contribution	ns and liabilities for this repor	ting period and represents the
FOR CANDIDATE FILING	S ONLY: (CANDIDATE	E MUST SIGN BELOW)	
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the comm I certify that I have examined this report including attached schedules and it finance activity, of all persons acting under the authority or on behalf of the contributions, incurred any liabilities nor made any expenditures on my behalf Candidate without Committee OR Candidate with independent acti I certify that I have examined this report including attached schedules and if finance activity, including contributions, loans, receipts, expenditures, disb campaign finance activity of all persons acting under the authority or on behalf of the penditure of	t is, to the best of my knowledge is committee in accordance with alf during this reporting period. vity filing separate report t is, to the best of my knowledge ursements, in-kind contributions alf of this committee in accorda	e and belief, a true and compi s and liabilities for this repor ance with the requirements of	c. 55. I have not received any lete statement of all campaign ling 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 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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more	
r		-			
		 			
		<u> </u>			
		-			
					
	-				
Line 9: Tota	al receipts in excess of \$50 (or listed above)				
Line 10: Tota	al receipts \$50 and under* (not listed above)			·	
	TAL RECEIPTS IN THE PERIOD	-0-	-	Enter on page 1, 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 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

10/28/13	(alphabetical listing) Waltham Centennial SCHOLARSHIP FOUNDATION	C/O É DWARD JONES INC. RUMEORD AVE NEWTON MA	DONATION TO SCHOLARSHIP FUND TO DISSOLYE COMMITTEE	2	18
			COMMITTEE		
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					,
		•	-	<u> </u>	
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1					
					
	·		Expenditures over \$50		
Ent	•		Expenditures \$50 and under* :TOTAL EXPENDITURES	L	18

^{*}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*	Residential Address	Description of Contribution	Value
11/29/13	M. JUSTIN BARRETT, JR. CANDIDATE	12 CURVE ST WALTHAM, MA D2451	FOR GIVE LOAN	2295.0
			·	
	1,	Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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
			·	
				:
<u></u>				
· · · · · · · · · · · · · · · · · · ·	Enter on page 1, line 7	Line 18: OUTSTANDING	G 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 Page 4