

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report FILE COPY

**Municipal Form** 

Office of Campaign and Political Finance

Date: October 26, 2015

Commonwealth of Massachusetts			2015 NOV -2 A h: City or Town Clerk or	iii ii
Fill in Reporting Period dates: Beginning Date: Ja	an. 1, 2015	Ending Date:	Oct. 16, 2015	
Type of Report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceding election	1 🔲 30 day	after election	year-end report	dissolution
Gary J. Marchese  Candidate Full Name (if applicable)	Commit	tee to Re-Elect Gary J.	. Marchese	
Ward 5 City Councilor  Office Sought and District	Carolyn	Marchese Name of Co	ommittee Treasurer	
79 Bright Street Waltham MA 02453  Residential Address	79 Brigh	nt Street Waltham MA Committee	02453 e Mailing Address	
Telephone Number (optional):	Telephone	Number (optional):		
SUMMARY BALAI	NCE INFO	RMATION:		
Line 1: Ending Balance from previous report			374.52	
Line 2: Total receipts this period (page 3, line	11)		0	
Line 3: Subtotal (line 1 plus line 2)			374,52	
Line 4: Total expenditures this period (page 5,	line 14)		160	
Line 5: Ending Balance (line 3 minus line 4)	(12.2.2.6)		214.52	·
Line 6: Total in-kind contributions this period  Line 7: Total (all) outstanding liabilities (page	:	,	3,000	
Line 8: Name of bank(s) used: Bank of America	′′	49-1-1-1-1	3,000	
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-kinance activity of all persons acting under the authority of on behalf of this committee and under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to	ind contributions a e in accordance wi  1 box only)  the best of my kn	ind liabilities for this reportir th the requirements of M.G.:  (Treasurer's signature of the control of the co	ng period and represents th L. c. 55. re) Date: Octob	per 26, 2015
activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report  Candidate without Committee OR Candidate with independent activity filin  I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on behalf or	rting period.	owledge and belief, a true ar	nd complete statement of a	ll campaign

#### **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)
Date Received	(alphabetical fishing required)	Amount	(10) Contributions of \$200 or more)
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ne 9: Total Receipt	s over \$50 (or listed above)	Page 1	
e 10: Total Receip	ts \$50 and under* (not listed above)		
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<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)
		Line and the state of the state	
30			
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		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
lan - Oct 2015	Bank of America		monthly fees	160.0
		1		
×				
			es over \$50 (or listed above) es \$50 and under* (not listed above)	10
			NDITURES IN THE PERIOD	1

<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
Date I alu	(arphanetical tisting)	Auuress	A MA POST OF EMPERICAN	
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April 1 Control of the Control of th				
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<u> </u>		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
	Enter on page 1 line $A \rightarrow$	Line 14: TOTAL EXPENDIT		0

<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.

## 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.

	From Whom Received*	Residential Address	Description of Contribution	Value
ate Received	From Whom Received	100100		
			The state of the s	
; ;				
		1		
		Line 15: In-Kind Contribut	tions over \$50 (or listed above)	
			ions \$50 & under (not listed above	e)
		→ Line 17: TOTAL IN-KIN		
	Enter on page 1, line 6	JIHE 17. TOTAL II. III.	n a calendar year, you must report the	name and add

<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.

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## 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.

ate Incurred	To Whom Due	Address	Purpose	Amount
Oct 15, 2007	Gary J. Marchese	79 Bright Street Waltham MA	Campaign Loan	2,500.00
Sept. 10 2001	Gary J. Marchese	79 Bright Street Waltham MA	Campaign Loan	500.00
		7 → Line 18: TOTAL OUTSTA	NDING LIABILITIES (ALL)	3000,00