FILE COPY

Commonwealth

Form CPF M 102: Campaign Finance Report CITY OF WALTHAM CITY CLERK'S OFFICE

Municipal Form

Office of Campaign and Political Finance

2016 JAN 13 A ID: 13

of Massachu	setts		File with: City of Town Clerk of Election Commission
Fill in R	eporting Period dates: Beginning Date:	11/20	15 Ending Date: 12/31/2015
* *	Report: (Check one) y preceding preliminary	30 day	after election year-end report dissolution
ST	ephen Rando Jr Candidate Full Name (if applicable)	Com	mittee To elect Stephen Rando Committee Name
Wal	Tham School Committee	Bern	Name of Committee Treasurer
93	Bedford Street Waltham Residential Address	93	Bedford ST. Waltham, MA Committee Mailing Address
Telephone N	fumber (optional):	Telephone	e Number (optional):
	SUMMARY BALANCI	E INFO	RMATION:
	Line 1: Ending Balance from previous report		00:00
	Line 2: Total receipts this period (page 3, line 11)		00.00
	Line 3: Subtotal (line 1 plus line 2)		00.00
	Line 4: Total expenditures this period (page 5, line	14)	00:00
	Line 5: Ending Balance (line 3 minus line 4)		00.00
	Line 6: Total in-kind contributions this period (pag	;e 6)	00.00
	Line 7: Total (all) outstanding liabilities (page 7)	. <u> </u>	00.00
	Line 8: Name of bank(s) used: Water Tow	n Sc	avings Bank
I certify that I activity, inclu finance activi	Committee Treasurer: I have examined this report including attached schedules and it is, to the best or ding all contributions, loans, receipts, expenditures, disbursements, in-kind or ity of all persons acting under the authority or on behalf of this committee in a reference to the penaltics of perjury:	iliu iduliosia i	and intollines for any toporting beries and tables and a mile and
FOR CAN	IDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)	
I certify	that I have examined this report including attached schedules and it is, to the lof all persons acting under the authority or on behalf of this committee in according liabilities nor made any expenditures on my behalf during this reporting I	Digition with	nowledge and belief, a true and complete statement of all campaign finance a the requirements of M.G.L. c. 55. I have not received any contributions,
Candida	that I have examined this report including attached schedules and it is, to the activity, including contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this	arate repor	tributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
]
Line 9: Total Receip	ts over \$50 (or listed above)	00.00	
Line 10: Total Receip	Line 10: Total Receipts \$50 and under* (not listed above)		
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD	00.00	← 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.

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 report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address Purpose of Expenditure	Amount		
Date Faile	(arphasetteat listing)	Turpus of Exponents	1		
			<u> </u>		
]][
			<u> </u>		
		'			
L			J		
]		
		1	1		
<u> </u>					
_			<u> </u>		
			<u></u>		
	•				
			<u> </u>		
Line 12: Total Expenditures over \$50 (or listed above)			00.00		
Line 13: Total Expenditures \$50 and under* (not listed above)			00.00		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THE PERIOD	00.00		

^{*} 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 4

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.

ate Received	From Whom Received*	Residential Address	Description of Contribution	n Value
			1	
			·	
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	00.00
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →			00.00

^{*} 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
		,		
And the second s				
<u> </u>	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	00.00



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

the reimbursement fo		marviduai (winch must be by commit	co oncor, should be the same as the t		
		Date of Reimbursement:			
Name of Individual I	Being Reimbursed:				
Committee Name:					
CPF ID Number (if a	applicable):	Telephone Number (optional):			
	ITE.	MIZE EXPENDITURES IN EXCES	SS OF \$50		
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
I	(Include items listed on Page 2)	Line 1: Expenditures in excess of	f \$50 (itemized above):		
		Line 2: Expenditures \$50 or unde	er (not itemized):		
		Line 3: TOTAL AMOUNT RE	IMBURSED:	00.00	
Signed under the pe		ephe Zenlindidate / Treasurer	Date:	13/20,6	

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
	-			
•		Page 2 Total (add to Line 1 on Page	1):	00.00