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Form CPF M 102: Campaign Finance Reportity OF WALTHAM Municipal Form Office of Campaign and Political Finance

2015 BE 15 A E- 22

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fassachusette					arneu
e with: y or Town Clerk or Election Commission					*************************************
Please print or type	all information	on, except sign	natures.		
Fill in dates: Month Date	You		Month	Date	Year
Reporting Period Beginning / 3	2014	Ending		3 <i>i</i>	2014
Type of report: (Check one)			•	- .	
☐8th day preceding preliminary ☐8th day preceding	g election \square	30 day after e	lection	∟year-end re	port Udissolution
STephen Rando Jr	Com	nittee To	جاوت	STeches	Rando
Full Name of Candidate (if applicable)	- -		Committee		T TOUR TO I
Waitham School Committee	Ba	rbara	A. T.	tando	<u></u>
Office Sought and District				tee Treasurer	
93 Bedford ST-Waitham	_ <u>93</u>			waithe	im MA
Residential Address		Coma	nittee Mail	ling Address	
Tel. No. (options	<u>-</u>			Tel 7	No. (optional)
Tow rive fobsinite	ンし	, - ••••	·	**************************************	
SUMMARY B.	ALANCE I	NFORMA:	ΓΙΟΝ:		
Line 1: Ending balance from	previous	report	\$	00.0	S 60
Line 2: Total receipts this pe	-	-	S	66.00	
<u>-</u> -		, IIIIC 11)	Ψ <u></u>	•	
Line 3: Subtotal (line 1 plus line 2	-		or	00.00	
Line 4: Total expenditures th	-	(page 3, line 1	(4) \$_	\$0.00	 !
Line 5: Ending balance (line 3	minus line 4)		2	00,00	<u></u>
Line 6: Total in-kind contributi	ons this ne	eriod (nace 4	s \$	00.00	,
Line 7: Total (all) outstanding	-		, s	00-00	
• • • • • • • • • • • • • • • • • • • •			_u avings	 	 (
Line 8: Name of bank(s) used_	Naler	own 3	Carlings	E) CEN N)
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules a	and it is, to the best	t of my knowledge	and belief.	a true and complet	e statement of all campaign
inance activity, including all contributions, loans, receipts, expenditure ampaign finance activity of all persons acting under the authority or on	s, disbursements, ir	n-kind contribution	ns and liabili	lies for this reporti	ng period and represents the
rampaign imance activity of all persons acting under the authority or on	r the penalties of	perjury:	IK'E MITTURE I	,	
Darbara Kandu				= U	7 2015
Freesurer's signature (in ink)				Date	
FOR CANDIDATE FILI	NGS ONLY	': (CANDIDATI	E MUST SIG	CN BELOW)	
10/11/20/20/20/20/20/20/20/20/20/20/20/20/20/	<u> </u>	`			
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the c	ommittee				
I certify that I have examined this report including attached schedules a	and it is, to the best	t of my knowledge	and belief,	true and complet	e statement of all campaign
	n this committee is behalf during this	n accordance with reporting period.	rue tedniteu	ients of M.C.L. c.	DO. I MAYO HOL PECCIVED ANY
finance activity, of all persons acting under the authority or on behalf of contributions, incurred any liabilities nor made any expenditures on my					
contributions, incurred any liabilities nor made any expenditures on my Candidate without Committee OR Candidate with Independent	activity filing sep	arate report		ه استند است مرسون	a statement of all
contributions, incurred any liabilities nor made any expenditures on my Candidate without Committee OR Candidate with Independent I certify that I have examined this report including attached schedules a finance activity, including contributions, loans, receipts, expenditures.	activity filing sep and it is, to the best disbursements, in-	rarate report t of my knowledge kind contributions	and liabiliti	es for this reportin	g period and represents the
contributions, incurred any liabilities nor made any expenditures on my Candidate without Committee OR Candidate with Independent I certify that I have examined this report including attached schedules a finance activity, including contributions, loans, receipts, expenditures, campaign finance activity of all persons acting under the authority or or	activity filing sep and it is, to the best disbursements, in- n behalf of this cor	rarate report t of my knowledge kind contributions mnittee in accorda	and liabiliti	es for this reportin	g period and represents the
contributions, incurred any liabilities nor made any expenditures on my Candidate without Committee OR Candidate with Independent is certify that I have examined this report including attached schedules a finance activity, including contributions, loans, receipts, expenditures.	activity filing sep and it is, to the best disbursements, in- n behalf of this cor	rarate report t of my knowledge kind contributions mnittee in accorda	and liabiliti nce with the	es for this reportin requirements of M	g period and represents the ,G.L. c. 55.
finance activity, of all persons acting under the authority or on behalf of contributions, incurred any liabilities nor made any expenditures on my Candidate without Committee OR Candidate with Independent I certify that I have examined this report including attached schedules a finance activity, including contributions, loans, receipts, expenditures, campaign finance activity of all persons acting under the authority or or Signed-under the Candidate signature (in ink)	activity filing sep and it is, to the best disbursements, in- n behalf of this cor	rarate report t of my knowledge kind contributions mnittee in accorda	and liabiliti nce with the	es for this reportin	g period and represents the .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 lumize 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)	An	ount	Occupation & Employer (for contributions of \$200 or more)
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		-		·
Time O:	Total receipts in excess of \$50 (or listed above)	00	,	
	Total receipts \$50 and under* (not listed above)	00	00	
	TOTAL RECEIPTS 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.

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 number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	ount
					
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		<u>., .</u>	2 F		<u> </u>
	-	and the second s	2: Expenditures over \$50 3: Expenditures \$50 and under*	00	00
_	Inter on page 1, line 4		14: TOTAL EXPENDITURES	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.

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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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•		·	•	
			Y 11 1 424	
	<u> </u>	Line 15:	In-kind over \$50	00.00
		Line 16:	In-kind \$50 and under	06.00
	Enter on page 1, line 6	Line 17: '	Total In-kind	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.

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)	00:00

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.

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