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

2015 144 20 A W. D.

	1010 ONN 20 A 10. 31
Commonwealth of Massencheovits	RFCORDED
File with: City or Town Clerk or Election Commission	MEGONOLD
Please print or type all information, except signatu	res.
Fill in dates: Month Date Year Month Reporting Period Beginning January 1, 2014 Ending De	nth Date Year C-311 2014
Type of report: (Check one) □8th day preceding preliminary □8th day preceding election □30 day after elect	ion Dyear-end report dissolution
Full Name of Candidate (if applicable)  Councillor Wards  Office Sought and District  Sa Montulen Auc, Walthum MR 02451  Y Mountain Rd.	Elect Edman & Flarallo amittee Name  A: Cgirg ommittee Treasurer  Ma 17hum MA 02451  Mailing Address  Tel. No. (optional)
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Bank of America	\$ 7,947.10 \$ -0- \$ 7,947.10 \$ 1,114.20 \$ 6,882.90 \$ -0- \$ -0-
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions at campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance of Signed under the penalties of perjury:  Treasurer's signature (in ink)	rg Hapithies tot, mis teboting bettog and tebrescure and
FOR CANDIDATE FILINGS ONLY: (CANDIDATE M	UST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)  We 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 the best of my knowledge and finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions are campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance Signed under the penalties of perjury:  **Candidate signature* (in ink)**	belief, a true and complete statement of all campaign requirements of M.G.L. c. 55. I have not received any belief, a true and complete statement of all campaign is 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 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.

umber on each  Date  Received	Name and Residential Address (alphabetical listing required)	Amou	ınt	Occupation & Employer (for contributions of \$200 or more)
(GCETY CC	(mpan)			
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		<u> </u>		
		·		·
		•		
	, 			
Line 9: To	otal receipts in excess of \$50 (or listed above)			
Line 10: To	otal receipts \$50 and under* (not listed above)			
Line 11: To	OTAL RECEIPTS IN THE PERIOD	0		Enter on page 1, line 2 should include only those receipts not item

<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.

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	Amo	unt
	· •	229 High ST.		· <u></u>	
5/3/14	Brasco Florist, Inc.	Waltham, MA 02453	Flowers	114	20
	The Committee to	14 Mount walky Rd,			
12/4/14	Elect Teddy Tarallo	Waltham MA OLYN	Conthibution	100	00
•	Waltham Democratic		Heroes Brunch	4 4	
4/26/14	city committee	WG 1744m, MA 02453		tos	00
·	Waltham -	P.O. BOX 541120	Munikerslaip 7		
5/3/14	1 and Trust	Waltham MA 02454	Tickets/poncoron	140	00
$aL \cdot L$ .	welthen	P. O. Box 540043	weithin	1000	62.61
3/26/14	William K. Stanley	Waltham, MH 02454	Herous Award	100	00
بريل ليد	Found atton	6 Lexinston 507	20 co na = 1800/302m		٠. يم
4/14/14.	1- Bund out	W41 Thum, pyn 02452	pungtion	100	00
μ.					
				:	
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				-	
					<u> </u>
		T : 10.	Expenditures over \$50	7 7 6	2.
				659	20
			Expenditures \$50 and under*	455	00
	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	1114	20

<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.

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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
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	-0-

<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
		r		
·	Enter on page 1, line 7	Line 18: OUTSTANDING	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 number on each page.

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