FILE COPY



Candidate signature (in ink)

Form CPF M 102: Campaign Finance Rep6HY CLERK'S OFFICE

Municipal Form
Office of Campaign and Political Finance

2014 JAN 17 A 11: 42

RECORDED

			KEUUK	עבט .
with: y or Town Clerk or Election Commission				
	pe all informat	ion, except signatures	.	
Fill in dates	************			
Reporting Period Beginning 0/ 0/	Year / 3	Month Ending	Date C	Year
		Liumg_/	3/	
Type of-report: (Check one)		,		
	ing election [☐30 day after election	n ≱wear-end reno	ert Edissolution
di -			2-7	
Thomas J. Cartin) ()
Full Name of Candidate (if applicable)		. Comm	ittee Name	
Ward Four Councillor Wolth	hor pr	· · · · · · · · · · · · · · · · · · ·		
Office Sought and District	ff	Name of Com	mittee Treasurer	
30 Mayall Bd	— —	·		
Waltham Ma		Committee I	Mailing Address	
Tel. No. (optio				
rer 140. (obtto			Tel. No	- (optional)
Line 1: Ending balance from Line 2: Total receipts this p Line 3: Subtotal (line I plus line Line 4: Total expenditures t Line 5: Ending balance (line Line 6: Total in-kind contribut Line 7: Total (all) outstanding Line 8: Name of bank(s) used Midavit of Committee Treasurer: certify that I have examined this report including attached schedule name activity, including all contributions, loans, receipts, expenditu ampaign finance activity of all persons acting under the authority Stereyd on	this period (page 22) this period 3 minus line 4) tions this p g liabilities 1 1 Wafa	2, line 11) (page 3, line 14) eriod (page 4) (page 4) frun San st of my knowledge and be in-kind contributions and limitations and limitations are limitations and limitations are limitations.	lief, a true and complete	statement of all campaig
Signey un	net me benames o	perjury:		[
reasurer's signature (in ink)			/ -//-/	7
			Date	
FOR CANDIDATE FIL	INGS ONL	(CANDIDATE MUST	SIGN BELOW)	
Affidavit of Candidate: (check I box only) Candidate with Committee and no activity independent of the certify that I have examined this report including attached schedule inance activity, of all persons acting under the authority or on behalt contributions, incurred any liabilities nor made any expenditures on I Candidate without Committee OR Candidate with independencertify that I have examined this report including attached schedule inance activity, including contributions, loans, receipts, expenditure campaign finance activity of all persons acting under the authority or Signed under the support of the contributions of the con	es and it is, to the be If of this committee my behalf during this ent activity filling se and it is, to the be- ss, disbursements, in	in accordance with the requisive reporting period, parate report stoff my knowledge and beinkind contributions and lia minittee in accordance with	irements of M.G.L. c. 55 ief, a true and complete solities for this reporting	. I have not received any

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 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		Amount		Occupation & Employer (for contributions of \$200 or more	
					- World Of G200 of Indie	
		\dagger	·	-		
		 				
1		-				
		<u> </u>				
.						
				_		
						
					· · · · · · · · · · · · · · · · · · ·	
			-	\dashv		
					·	
	-					
	•					
		 -				
		. <u> </u>				
ne 9: Total re	eceipts in excess of \$50 (or listed above)		-			
ne 10: Total re	cceipts \$50 and under* (not listed above)		_	\dashv		
ne 11: TOTA	L RECEIPTS IN THE PERIOD ed receipts of \$50 and under include them in lin			F	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

Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	e Amoun	
	Sacred Heart Charch	311 Kiver 54.	Dondisa	500	0
	W. H.S. Fostival	Lexiegion St	Donation	200	00
	Show Choir	WH5-Lexingthis	Donation	100	00
	W.C.P.A.	ligraphen 5 f.	Holday Wreaths for Clerks Office	92	0
·		Geaver St	Doration	96	00
	Geny's Italian Kitchen	Belmont 5t. Water town	Food for committee	559	00
					-
			·		
					-
					-
					
					-
					<u> </u>
					· .
,		Line 12: E	xpenditures over \$50	1447	00
₽ ~	iter on page 1. 15 - 4		xpenditures \$50 and under*		20
	iter on page 1, line 4 nized expenditures of \$50 and un	Line 14: T	OTAL EXPENDITURES *	7179	20

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
·				
		· · · · · · · · · · · · · · · · · · ·		
				-
		·		
_		,		
		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
	,		
	·		
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page