



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance  
CITY OF WALTHAM  
CITY CLERK'S OFFICE

2020 JAN 21 P 12:13

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/28/19 Ending Date: RECORDED

Type of Report: (Check one)  
 8th day preceding preliminary   
 8th day preceding election   
 30 day after election   
 year-end report   
 dissolution

Jonathan Paz  
Candidate Full Name (if applicable)  
Waltham City Council, Ward 9  
Office Sought and District  
109 Chestnut Street, Waltham MA 02453  
Residential Address  
E-mail: Pazforwaltham.treasurer@gmail.com  
Phone # (optional):

Committee to Elect Paz  
Committee Name  
Eric Levine  
Name of Committee Treasurer  
173 Newton Street, Unit 3 Waltham MA 02453  
Committee Mailing Address  
E-mail: Pazforwaltham.treasurer@gmail.com  
Phone # (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	1948.83
Line 2: Total receipts this period (page 3, line 11)	2580
Line 3: Subtotal (line 1 plus line 2)	4,528.83
Line 4: Total expenditures this period (page 5, line 14)	2,507.99
Line 5: Ending Balance (line 3 minus line 4)	2,020.84
Line 6: Total in-kind contributions this period (page 6)	601.25
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Rockland Trust

**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 belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
Signed under the penalties of perjury: \_\_\_\_\_ (Treasurer's signature) Date: 1/19/2020

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with Committee**  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

**Candidate without Committee**  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.  
Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature) Date: 1/21/2020

## 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)
	see attached		
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		2,630	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		150	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		2,270	← 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.

Date	Name	Address	Address	Amount	Occupation
10/31/19	Brenzan, Dennis	1 Pine Street	Cambridge, MA 02139	\$ 200.00	attorney - altman and altman
10/30/19	Sender, Boaz	23 Haynes St	Boston, MA 02128	\$ 180.00	
10/28/19	Baclawski, Kenneth	35 Fairmont Ave	Waltham ma 02453	\$ 100.00	
10/30/19	baystate stonewall dem	11 Beacon Street Suite 140	Boston, MA 02108	\$ 300.00	PAC
10/28/19	Boston Carman's union	295 Devonshire Street 5th Fl.	Boston MA 02110	\$ 300.00	union
10/28/19	Chen, Michael	43 Harvard St apt 3	Waltham ma 02453	\$ 250.00	Engineer, Cisco Systems
10/28/19	Hutton, Alicia	27 Moore St	Waltham, MA 02453	\$ 100.00	
10/28/19	Kelley, Michael	46 Pond Street	Holbrook MA 02343	\$ 150.00	
12/5/19	Lamas, Andrew	531 E. Durham st.	Philadelphia PA	\$ 500.00	Professor, university of Pennsylvania
10/29/19	Mula, Brianna	55 Ivy Lane	Waltham MA 02452	\$ 250.00	Waitress, City Streets Waltham
10/28/19	Rojas, Lilian	1210 Trapelo Rd	Waltham ma 02451	\$ 200.00	owner - dispensa familia store
11/4/19	Tracy, Natalia	14 Harvard Ave	Aiston, MA 02134	\$ 100.00	

## 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	see attached			
Line 12: Total Expenditures over \$50 (or listed above)				2,476.99
Line 13: Total Expenditures \$50 and under* (not listed above)				192.29
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>2,476.99</b>

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Date	Paid to	Address	Purpose	Amount
11/15/19	campaigns that v	210 Park Ave, Worcester, MA 01609	campaign mailer	\$482.83
11/15	campaigns that v	210 Park Ave, Worcester, MA 01609	campaign mailer	\$600.00
12/1/19	campaigns that v	210 Park Ave, Worcester, MA 01609	campaign mailer and signs	\$918.75
11/4/19	home depot	100 First Ave	sign making supplies	\$50.30
11/22/19	Mariah Painter	1640 Worcester Rd Apt 101D, Frammingham, MA 01702	reimbursement for campaign event supplies	\$58.34
11/5/19	NY Pie	934 Moody Street, Waltham MA, 02453	food for campaign volunteers	\$59.46
11/22/19	prime deli and ca	580 South Street Waltham MA, 02453	pizza for campaign victory party	\$81.15
11/22/19	Trent Parker	2 Dighton Street, unit 3, brighton, MA 02135	reimbursement for campaign canvass supplies	\$73.87

## 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/31/19	617 Media Group	282 Moody Street, Suite 314	strategic media services	601.25
Line 15: In-Kind Contributions over \$50 (or listed above)				601.25
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				601.25

\* 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.





Commonwealth  
of Massachusetts

# 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.

	Date of Reimbursement:	11/22/19
Name of Individual Being Reimbursed:	Trent Parker	
Committee Name:	Committee to Elect Paz	
CPF ID Number (if applicable):		Telephone Number (optional): <span style="border: 1px solid black;"></span>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	0
Line 2: Expenditures \$50 or under (not itemized):	73.87
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b>78.37</b>

Signed under the penalties of perjury:

\_\_\_\_\_  
Signature of Candidate / Treasurer

Date: 11/21/20

Please prepare a separate report for each reimbursement check issued by the committee.





# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

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.

	Date of Reimbursement: <input style="width: 100%;" type="text" value="11/22/19"/>
Name of Individual Being Reimbursed: <input style="width: 95%;" type="text" value="Mariah Painter"/>	
Committee Name: <input style="width: 95%;" type="text" value="Committee to Elec Paz"/>	
CPF ID Number (if applicable): <input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 200px;" type="text"/>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/22/19	Despensa Familiar	34 Elm Street, Waltham MA	campaign fundraiser event prizes and food	58.34

(Include items listed on Page 2) →  Line 1: Expenditures in excess of \$50 (itemized above):  Line 2: Expenditures \$50 or under (not itemized):  Line 3: <b>TOTAL AMOUNT REIMBURSED:</b>	<input style="width: 90%;" type="text" value="58.34"/>  <input style="width: 90%;" type="text" value="0"/>  <input style="width: 90%;" type="text" value="58.34"/>
---	--

**Signed under the penalties of perjury:**

---

 Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.