

Signed under the penalties of perjury: (

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF WALTHAM CITY CLERK'S OFFICE

of Massachusetts	File with of Town Clerk or Election Commission		
Fill in Reporting Period dates: Beginning Date:	20/19 Ending Date: 1/9/20		
Type of Report: (Check one)	WECOUDED		
8th day preceding preliminary 8th day preceding election	30 day after election Vyear-end report dissolution		
Candidate Full Name (if applicable) Councilor Ward Office Sought and District ASA FORTH Street Residential Address E-mail: Waddick @ MSN. Com Phone # (optional): (781) 4/13-4/1/1	CTE Matt Waddick Committee Name Name of Committee Treasurer 129 /tarrington Road Committee Mailing Address E-mail: Fosen: Mary & dol. 90 V Phone # (optional): (781) 775 - 9350		
SUMMARY BALANCE INFORMATION:			
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 5)	2,553.38		
Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Bank of America			
certify that I have examined this report including attached schedules and it is, to the best of ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cor inance activity of all persons acting under the authority or on behalf of this committee in accigned under the penalties of perjury: Candidate with Committee Candidate with Committee Certify that I have examined this report including attached schedules and it is, to the beactivity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting performance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under	cordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: Only) est of my knowledge and belief, a true and complete statement of all campaign finance reduce with the requirements of M.G.L. c. 55. I have not received any contributions, evid that are not otherwise disclosed in this report. est of my knowledge and belief, a true and complete statement of all campaign finance reduce with the requirements of M.G.L. c. 55. Est of my knowledge and belief, a true and complete statement of all campaign finance reduced and belief, a true and complete statement of all campaign finance reduced and belief, a true and complete statement of all campaign finance reduced and belief, a true and complete statement of all campaign finance reduced and belief.		

(Candidate's signature)

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Necesseu	(arhuanicical institute reduiter)		
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Recei	ipts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		o O Tino 10 show	ld include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.