



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

2018 JAN 22 A 10:31

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

10/30/2017

Ending Date:

1/20/2018

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☒ dissolution

John R. Quarters

Candidate Full Name (if applicable)

WARD 8

Office Sought and District

101 WASHINGTON AVE, WALTHAM MA

Residential Address

E-mail: JQUARTERS@MADIXINC.COM

Phone # (optional): 617-974-9386

Committee Ward 8, John Quarters

Committee Name

JEAN M. QUARTERS

Name of Committee Treasurer

101 WASHINGTON AVE, WALTHAM

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$ 1137.01

Line 2: Total receipts this period (page 3, line 11)

\$ 1500.00

Line 3: Subtotal (line 1 plus line 2)

\$ 2937.01

Line 4: Total expenditures this period (page 5, line 14)

\$ 2937.01

Line 5: Ending Balance (line 3 minus line 4)

0.00

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: Name of bank(s) used:

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:

JEAN M. QUARTERS

(Treasurer's signature)

Date:

1/20/2018

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

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 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.

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 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

John R. Quarters

(Candidate's signature)

Date:

1/20/2018

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)
10/12	Daniel Keohane	50. ⁰⁰	Retired
10/12	Kevin Parrella	50. ⁰⁰	Computer Systems
10/12	Howard Rock	100. ⁰⁰	Lawyer
8/17	Roberto LeBlanc	200. ⁰⁰	Self-Employed
10/12	Paul Douglas	250. ⁰⁰	Self-Employed
10/12	Peter Plantadosi	50. ⁰⁰	Construction
10/12	Stella LeBlanc	100. ⁰⁰	Housewife
10/12	Richard Niles	200. ⁰⁰	Sales
10/12	Gary Parrella	200. ⁰⁰	Self-Employed
10/12	Linda Depue	100. ⁰⁰	Mechanic
10/12	Mark Segalini	100. ⁰⁰	Lawyer
10/12	Anthony Creonte	50. ⁰⁰	Sales

Line 9: Total Receipts over \$50 (or listed above) 8 = 1350.⁰⁰

Line 10: Total Receipts \$50 and under* (not listed above) 4 = 200.⁰⁰

Line 11: TOTAL RECEIPTS IN THE PERIOD \$ 1550.⁰⁰ ← 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/12	LISA Reynolds	50. ⁰⁰	Self Employed
10/12	Paul McManis	100. ⁰⁰	Construction Manager
10/12	George MacClary	100. ⁰⁰	Retired
Line 9: Total Receipts over \$50 (or listed above)		\$ = 200. ⁰⁰	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		1 - 50. ⁰⁰	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 250. ⁰⁰	

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

60 Main Street
Watertown, MA 02472

RETURN SERVICE REQUESTED

>000767 8170698 0001 092617 10Z

COMMITTEE TO ELECT JOHN R QUALTERS
WARD 8 COUNCILLOR
101 WASHINGTON AVE
WALTHAM MA 02453-5064

Managing Your Accounts



Customer Support 617-928-9000



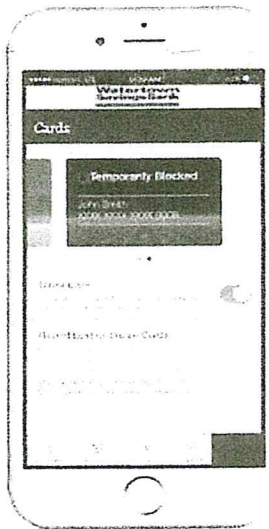
Toll-free 800-207-2525



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Summary of Accounts



Account Type	Account Number	Ending Balance
Non-Profit Checking	0685006953	\$0.00

Non-Profit Checking - 0685006953

Account Summary

Date	Description	Amount
11/01/2017	Beginning Balance	\$640.37
	0 Credit(s) This Period	\$0.00
	10 Debit(s) This Period	-\$640.37
11/30/2017	Ending Balance	\$0.00

24-hour Hotline for lost or stolen ATM or Debit Cards: 800-554-8969

Member FDIC Member DIF



00767 8170698 002300 004591 0001/0003