

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF WALTHAM CITY CLERK'S OFFICE

2016 JAN - 8 A 9: 15 File with: City or Town Clerk or Election Commission

1 111 111 1	Reporting Period dates:	Beginning Date:	01/01/2017	Ending		iCORDE!	
Type of	f Report: (Check one)						(
8th d	ay preceding preliminary	8th day preceding elec-	tion 30 d	ay after election	year-end rep		olution
Pamela P	Perini		Comp	aittee to Flori B			
City Cour	Candidate Full Name (if	applicable)		nittee to Elect Pam	Committee Name		
	Office Sought and D	istrict	TBD				
20 Freem	ont Terrace, Waltham, MA 0245	52	20 Fro	Nar	me of Committee Treasu	ırer	
	Residential Addre	SS	20116		altham, MA 02452		
E-mail:			E-mail:	Co	mmittee Mailing Addre	SS	
Phone # (opt	tional): (781)	788-6674		(optional):	(781) 788	-6674	
		SUMMADV DAT	ANCE INEC	Distance			
"	I	SUMMARY BALA		RMATION:			
	Line 1: Ending Balance	from previous report				0	
	Line 2: Total receipts the	nis period (page 3, line	e 11)			0	
	Line 3: Subtotal (line 1	plus line 2)				0	
	Line 4: Total expenditu	res this period (page 5	, line 14)		37-	4.38	
	Line 5: Ending Balance	(line 3 minus line 4)			-374	4.38	
	Line 6: Total in-kind con	ntributions this period	(page 6)			0	
	Line 7: Total (all) outsta	nding liabilities (page	7)		374	1.38	
	Line 8: Name of bank(s)	used: CASH					
tify that I havity, including activity	ommittee Treasurer: ave examined this report including attacting all contributions, loans, receipts, expert of all persons acting under the authority	hed schedules and it is, to the enditures, disbursements, in-ki or on behalf of this committe	best of my knowled and contributions ar in accordance with	ge and belief, a true an d liabilities for this rep n the requirements of M	d complete statement of orting period and repres	f all campaign fina	ance
ed dilder (i	ne penames of perjury:			(Treasurer's sign	227	12/31/2017	
Candidate of the control of a certify that activity, of a concurred any	IDATE FILINGS ONLY: Affi with Committee and no activity indep t I have examined this report including a all persons acting under the authority or v liabilities nor made any expenditures o	endent of the committee ttached schedules and it is, to on behalf of this committee in n my behalf during this report	the best of my knovaccordance with thing period.	vledge and belief, a tru e requirements of M.G	e and complete statement.L. c. 55. I have not rec	nt of all campaign	finance utions,
Candidate vertify that inance active	without Committee OR Candidate wit I have examined this report including a rity, including contributions, loans, receivance activity of all persons acting under	h independent activity filing tached schedules and it is, to t	separate report the best of my know	vledge and belief, a true ations and liabilities for ecordance with the requ	e and complete statemer this reporting period ar tirements of M.G.L. c. 5	nt of all campaign and represents the	,
d under the	e penalties of perjury:			(Candidate's signa	D-4- 41	2/31/2017	

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)	S Amount	Occupation & Employer (for contributions of \$200 or more)
	0	
		-
9: Total Receipts over \$50 (or listed above)		
10: Total Receipts \$50 and under* (not listed above)		
11: TOTAL RECEIPTS IN THE PERIOD	←	Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

	SCHEDULE A: 1	RECEIPTS (co	ontinued)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			The second second
		11 1	
			· ·
	,		
e 9: Total Receipts over \$.	\$50 (or listed above)		
	and under* (not listed above)		
e 11: TOTAL RECEIPTS	TS IN THE PERIOD		
ou have itemized receipts of	\$50 and under, include them in line 9. I	← Eine 10 should inclu	Enter on page 1, line 2 ude only those receipts not itemized above.
			the 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.

(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	mmittee name and a page number		
Date Faid	(alphabetical listing)	Address	Purpose of Expenditure	Amoun
See Attached				
_				
				I
111				
111				
111				
			111	
Ш				
•		Λ.		
Ш				
]	Line 12: Total Expenditures over	or \$50 (and it at 1 1 1)	
				159.68
		Line 13: Total Expenditures \$50		214.7
	Enter on page 1, line $4 \rightarrow I$	Line 14: TOTAL EXPENDITU	IDEC IN THE PERSON	374.38

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
	1				
	·				
		T. 10 T. "			
		Line 12: Expenditures over \$50	(or listed above)		
		Line 13: Expenditures \$50 and u	inder* (not listed above)		
		volume u	(1101 110104 40010)		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD		
	,	include them in line 12. Line 13 sh			

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

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
	F			
			7	
	F	Line 15: In-Kind Contributions ov		
	1	Line 16: In-Kind Contributions \$50	% under (not listed above)	
	Enter on page 1, line $6 \rightarrow 1$	Line 17: TOTAL IN-KIND CON	TRIBUTIONS	

^{*} 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.

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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
		Line 18: TOTAL OUTSTANDI		

Committee to Elect Pamela Perini 2017 Campaign Expenditures

DATE				
DATE	ITEM DESCRIPTION	LOCATION	A	mount
	Election Meeting	Dunkin Donuts	\$	5.74
	Candidate Event	Post Road Tavern	\$	10.00
10/31/2017	Event Food	Hannaford	\$	41.03
11/1/2017	Event Food Service Items	Job Lot	\$	30.17
11/1/2017	Volunter Lunch Meeting	MuLan	\$	40.00
11/2/2017	Event Coffee	Dunkin Donuts	\$	17.11
11/3/2017	Event Food	Hannaford	\$	43.39
11/4/2017	Event Coffee	Dunkin Donuts	\$	79.65
11/7/2017	Coffee	Dunkin Donuts	\$	2.24
11/7/2017	Election Day Food	Gerry's Italian Kitchen	\$	8.29
11/7/2017	Election Day Food	Pizzi Farm Market and Deli	\$	16.73
11/7/2017	Printing and Supplies	Staples	\$	80.03
			\$	374.38

12/31/2017