



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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BRAintree, MA

2021 DEC -7 AM 7:46

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/26/2021 Ending Date: 12/2/2021

Type of Report: (Check one)

8th day preceding preliminary     8th day preceding election     30 day after election     year-end report     dissolution

Jodi Walorz-Killeffer  
Candidate Full Name (if applicable)

Town Council - District One  
Office Sought and District

23 Margaret Dr  
Residential Address

E-mail: jodifortowncouncil@gmail.com

Phone # (optional): \_\_\_\_\_

Walorz-Killeffer Committee  
Committee Name

James G. Walorz  
Name of Committee Treasurer

27 Sampson Ave  
Committee Mailing Address

E-mail: jodifortowncouncil@gmail.com

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>3399.08</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1075</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4474.08</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2906.47</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1567.61</u>
Line 6: Total in-kind contributions this period (page 6)	<u>                    </u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>                    </u>
Line 8: Name of bank(s) used:	<u>South Shore Bank</u>

#### 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:

*[Signature]* (Treasurer's signature)

Date: 12/6/21

#### 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:

*[Signature]* (Candidate's signature)

Date: 12/6/21

## 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		
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		1075	← 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.

M.G.L. c. 55 requires  
as those liabilities

Date Incurred

Sheet 1

A	B	C	D	E
DATE	NAME	ADDRESS	AMOUNT	Occupation/Employer
11.1.21	Craig Stanfil	43 Huckleberry hill rd Lincoln MA 01773	1,000.00	Retired
11.1.21	Michelle Campbell	25 Village Road Weymouth MA 02191	25.00	
10.27.21	Laura Hurtado	723 East 4th Ave Salt Lake City, UT 84103	50.00	



	A		B		C		D		E
	Date Paid	To Whom Paid	Address				Purpose of Expenditure	Amount	
1	10/27/21	Anedot, Inc.	1340 Poydras Street Suite 1770 New Orleans, LA 70112				Online Donation Fee	\$2.30	
2	11/18/21	Braintree Advertiser	28 River St, Braintree MA 02184				Advertising	\$180.00	
3	11/2/21	East Coast Printing	2 Keith Way, Unit 5 Hingham MA 02043				Printing	\$1,658.66	
4	11/3/21	East Coast Printing	2 Keith Way, Unit 5 Hingham MA 02043				Printing	\$904.21	
5	11/18/21	Staples	500 Grossman Dr, Braintree MA 02184				Supplies	\$161.30	
6									





