

Form CPF M 102: Campaign Finance Report

Municipal Form

RECEIVED TOWN OLERK
ce BRAINTREE, MA

Office of Campaign and Political Finance

ZOZI DEC -7 AH 7: 46
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:	Beginning Date: 10/2	26/2021	Ending Da	ate:	12/2/2021	
Type of Report: (Check one)						
☐ 8th day preceding preliminary	8th day preceding election		after election	Пу	ear-end report	dissolution
Jodi Walorz-F Candidate Full Name			Walorz		fer Committee nittee Name	
Town Council - D Office Sought as					. Walorz mmittee Treasurer	
23 Margare					mpson Ave	
Residential A					Mailing Address	
	incil@gmail.com	E-mail:	jodi	ifortov	vncouncil@gmail.co	mc
Phone # (optional):		Phone # (c	optional):			
	SUMMARY BALAN	CE INFO	RMATION:			
Line 1: Ending Bal	ance from previous report				3399.08	
Line 2: Total receip	pts this period (page 3, line 11	.)			1075	
Line 3: Subtotal (li	ne 1 plus line 2)				4474.08	
Line 4: Total exper	nditures this period (page 5, li	ne 14)			2906.47	
Line 5: Ending Bal	lance (line 3 minus line 4)				1567.61	_
Line 6: Total in-kin	nd contributions this period (p	agc 6)				
Line 7: Total (all)	outstanding liabilities (page 7))				
Line 8: Name of ba	ank(s) used: South Shore Bank					
Affidavit of Committee Treasurer: I certify that I have examined this report including activity, including all contributions, loans, receifinance activity of all persons acting under the a Signed under the penalties of perjury:	ipts, expenditures, disbursements, in-king	Leontributions	and liabilities for this	reportion of M.G.	ng period and represents L. c. 55.	campaign finance the campaign
FOR CANDIDATE FILINGS ONL	Y: Affidavit of Candidate: (check-1-1	box only)			,	
Candidate with Committee I certify that I have examined this report in activity, of all persons acting under the autineurred any liabilities nor made any exper	scluding attached schedules and it is, to the	he best of my k	h the requirements of	M.G.L.	c. 55. I have not receive	of all campaign finance ed any contributions,
Candidate without Committee 1 certify that I have examined this report in finance activity, including contributions, locampaign finance activity of all persons ac	oans, receipts, expenditures, disbursemer	nts, in-kind con	tributions and liabiliti n accordance with the	ies for the require	nis reporting period and ments of M.G.L. c. 55.	represents the
Signed under the penalties of perjury:	TOCCI Wally)	CHE	C(Gandidate's	s signat	ure) Date: /	0,0,0

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.)

Name and Residential Address Occupation & Employer Date Received (alphabetical listing required) (for contributions of \$200 or more) Amount See attached Line 9: Total Receipts over \$50 (or listed above) Line 10: Total Receipts \$50 and under* (not listed above) Line 11: TOTAL RECEIPTS IN THE PERIOD 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 requi as those liabilities Date Incurred Occupation/Employer 1,000.00 | Retired 25.00 | Section 50.00 DAMOUNT Page 1 Sheet1 ADDRESS
43 Huckleberry hill rd Lincoln MA 01773
25 Village Road Weymouth MA 02191
723 East 4th Ave Salt Lake City, UT 84103 O NAME Craig Stanfil Michelle Campbell Laura Hurtado B A DATE 11.1.21 11.1.21 10.27.21

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,

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to from committee records, and reported on line 13.

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid Purpose of Expenditure Amount Address (alphabetical listing) Date Paid Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, fine 4 → | Line 14: TOTAL EXPENDITURES IN THE PERIOD 2906.47

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

 \equiv

≡

Ξ

Ξ

1.0	4	മ	U	۵	L
	Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount
	10/27/21	Anedot, Inc.	1340 Poydras Street Suite 1770 New Orleans, LA 70112 Online Donation Fee	Online Donation Fee	\$2.30
	11/18/21	Braintree Advertiser	Braintree Advertiser 28 River St, Braintree MA 02184	Advertising	\$180.00
	11/2/21	East Coast Printing	East Coast Printing 2 Keith Way, Unit 5 Hingham MA 02043	Printing	\$1,658.66
	11/3/21	East Coast Printing	East Coast Printing 2 Keith Way, Unit 5 Hingham MA 02043	Printing	\$904.21
_	11/18/21	Staples	500 Grossman Dr, Braintree MA 02184	Supplies	\$161.30

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

di

D

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions		
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

^{*} 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.

Page 6

SCHEDULE D: LIABILITIES

16 G. 1. If requires commutees to report ALL habilities which have been reported previously and are still outstanding as well at these lectricities occurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			-	
ge de				
not.				
every the contact of				
	Fuer on page 1 line 7	Line 18: TOTAL OUTSTANL	MNC HARD PERSON IN	