



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2012 JAN 18 AM 11:52
LYNN ELECTION OFFICE

File with: City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

Type of Report: (Check one)
 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

Bob Walsh
Candidate Full Name (if applicable)

Councilor Ward One
Office Sought and District

62 Verdmont Ave. Lynn, MA 01904
Residential Address

Telephone Number (optional):

Committee to Elect Bob Walsh
Committee Name

Robert Clay Walsh
Name of Committee Treasurer

62 Verdmont Ave. Lynn, MA 01904
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	160
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	160
Line 4: Total expenditures this period (page 5, line 14)	160
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	661.84
Line 8: Name of bank(s) used:	St Jean's Credit Union

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: Robert Clay Walsh (Treasurer's signature) Date:

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: Bob Walsh (Candidate's signature) Date:

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
Jan 20, 2012	Bob Walsh (Candidate)	62 Verdmont Ave Lynn, MA 01904	Loan	661.84
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	661.84



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 90%;" type="text" value="Jan 20, 2012"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Bob Walsh"/>
Committee Name:	<input style="width: 95%;" type="text" value="Committee to Elect Bob Walsh"/>
CPF ID Number (if applicable):	<input style="width: 200px;" type="text"/> Telephone Number (optional): <input style="width: 200px;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Jan 17, 2012	Bob Walsh (Candidate)	62 Vermont Ave Lynn, MA 01904	Partial Repayment of Outstanding Loan	\$160.00

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="160"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="160"/>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.