



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

2012 JAN 18 A 11:52 LYNN ELECTION OFFICE

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

Robert Clay Walsh
Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="1,670.88"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="280.09"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1,950.97"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1,865.53"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="85.44"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="286.96"/>
Line 8: Name of bank(s) used:	<input type="text" value="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: *Matthew J. 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: *Robert Clay Walsh* (Candidate's signature) Date:

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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)		280.09	
Line 11: TOTAL RECEIPTS IN THE PERIOD		280.09	← 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 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 (alphabetical listing)	Address	Purpose of Expenditure	Amount
Nov 1, 2011	Robert Clay Walsh (Candidate)	62 Vermont Ave Lynn, MA 01904	Repayment of Loan	414.25
Nov 1, 2011	Joe Savia	2 Mosher Rd Lynn, MA 01904	Entertainment	110
Nov 15, 2011	Knights of Columbus	177 Lynnfield St Lynn, MA 01904	Hall Rental	150
Nov 23, 2011	Lynn Journal	385 Broadway, Suite 105 Revere, MA 02151	Advertisement	56
Nov 23, 2011	Robert Clay Walsh (Candidate)	62 Vermont Ave Lynn, MA 01904	Repayment of Loan	893.98
Line 12: Total Expenditures over \$50 (or listed above)				1,624.23
Line 13: Total Expenditures \$50 and under* (not listed above)				241.3
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,815.53

* 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 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	Robert Clay Walsh (Candidate)	62 Vermont Ave Lynn, MA 019004	Loan	286.96
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	286.96



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

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: Jan 20, 2012

Name of Individual Being Reimbursed: Robert Clay Walsh

Committee Name: Elect Walsh Committee

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Nov 1, 2011	Dr. Don's Buttons	3906 W. Morrow Drive Glendale, Arizona 85308	Push Cards	\$414.25
Nov 23, 2011	Robert Clay Walsh (Candidate)	62 Vermont Ave Lynn, MA 01904	Repayment Outstanding Loan	\$893.98

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

1,308.23

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

1,308.23

Signed under the penalties of perjury:


Signature of Candidate/Treasurer

Date: 1/18/12

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