



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance
CITY CLERK'S OFFICE
ARLINGTON, MA 02174

2017 MAY 10 AM 8:19
File with: City or Town Clerk or Election Commission

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

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

Candidate Full Name (if applicable)

Office Sought and District

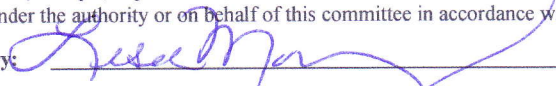
Residential Address
Telephone Number (optional):

Committee Name

Name of Committee Treasurer

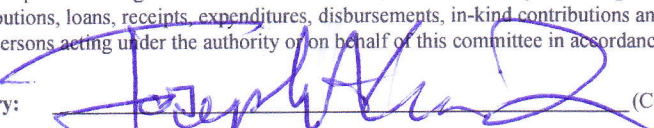
Committee Mailing Address
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	4,928.1
Line 2: Total receipts this period (page 3, line 11)	1,037.17
Line 3: Subtotal (line 1 plus line 2)	5,965.27
Line 4: Total expenditures this period (page 5, line 14)	5,275.56
Line 5: Ending Balance (line 3 minus line 4)	689.71
Line 6: Total in-kind contributions this period (page 6)	37.53
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Leader Bank, Arlington, Massachusetts

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:  (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:  (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)
4/12/2012	Eric Faiola 6 Schouler Court Arlington MA 02476	100	
4/12/2012	Geraldine Ricci 10 Devereaux Street Arlington, MA 02476	250	Letter sent 5/9/2012
4/17/2012	William and Elaine Shea 9 Lincoln Street Arlington, MA 02476	100	
4/1/2012	The Committee to Elect Steve Byrne	100	
4/17/2012	The Committee to Elect Jeff Thielman 20 Bow Street Arlington MA 02474	317.17	Reimbursement for Election Night Party
Line 9: Total Receipts over \$50 (or listed above)		867.17	
Line 10: Total Receipts \$50 and under* (not listed above)		170	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,037.17	← 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
4/18/2012	Juliana Brazile	56 Coolidge Road Arlington, MA 02476	Election Night Party Food & Supplies	469.51
4/3/2012	Cambridge Offset Printing	56 Creighton Street Cambridge MA 02140	Postcard and Mailing	3,091.2
5/9/2012	Christine Carney	98 Richfield Road Arlington, MA 02474	Stamps for Pct. Dear Friend Cards, labels and door hangers (Swiftly & Staples)	1,152.12
4/13/2012	Lisa Moncevicz	21 Millett Street Arlington, MA 02474	Stamps for Senior Citizen mailing	540
Line 12: Total Expenditures over \$50 (or listed above)				5,252.83
Line 13: Total Expenditures \$50 and under* (not listed above)				22.73
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				5,275.56

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



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="4/18/2012"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Juliana Brazile"/>
Committee Name:	<input style="width: 95%;" type="text" value="The Committee to Elect Joe Curro"/>
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
4/10/2012	Stop & Shop	Mass. Ave, Arlington, 02476	Food for Election Night Party	\$37.53
4/10/2012	D'Agostino's	1297 Mass. Ave., Arlington 02476	Food for Election Night Party	\$214.00
4/10/2012	Costco	71 Second Street, Waltham MA 02451	Beverages for Election Night Party	\$105.10
4/10/2012	Stop & Shop	Mass. Ave., Arlington 02474	Water for Election Night Party	\$19.12
4/7/2012	Costco	71 Second Street, Waltham, MA 02451	Paper Goods for Election Night Party	\$93.76

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 95%;" type="text"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 95%;" type="text"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 95%;" type="text" value="469.51"/>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

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



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="5/9/2012"/>
Name of Individual Being Reimbursed: <input style="width: 95%;" type="text" value="Christine C. Carney"/>	
Committee Name: <input style="width: 95%;" type="text" value="The Committee to Elect Joe Curro"/>	
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
4/4/2012	U.S. Post Office	26 Court Street, Arlington, MA 02476	Stamps for Pct. Dear Friend Cards	\$864.00
4/4/2012	Swiftly Printing	1386 Mass. Ave., Arlington, MA 02476	Pct. Dear Friend Postcards	\$203.76
4/6/2012	U.S. Post Office	26 Court Street, Arlington, MA 02476	Stamps for Pct. Dear Friend Cards	\$70.40
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above):				1,138.16
Line 2: Expenditures \$50 or under (not itemized):				13.96
Line 3: TOTAL AMOUNT REIMBURSED:				1,152.12

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

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

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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/31/2012	U.S. Post Office	26 Court Street, Arlington, MA 02476	Stamps for Senior Citizen Letter	\$540.00
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above):				540
Line 2: Expenditures \$50 or under (not itemized):				
Line 3: TOTAL AMOUNT REIMBURSED:				540

Signed under the penalties of perjury:

Joseph A. Curro

Signature of Candidate / Treasurer

Date:

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