

Form CPF M 102: Campaign Finance Report

Municipal Form TOWN CLERK'S OFFICE Office of Campaign and Political Finance PLINGTON, MA 02174

2012 MAY 10 AM 9: 28

	-	File with: City or Town Clerk or Election Commission					
Fill in Reporting Period dates: Beginning Date: 3-31-2012 Ending Date: 5 8 2012							
Type of Report: (Check one)							
8th day	y preceding preliminary 8th day preceding election	✓ 30 day after election year-end report dissolution					
Jet	f Thielman	Committee to Elect Jeff Thirdman					
	Candidate Full Name (if applicable)	Committee Name					
Avli	soll and local of	The Brazila					
1 Mills	Office Sought and District	Juli Grazile					
2-2 6	Office Bought and District	Name of Committee Treasurer					
5 4	olidge Rd, Arlington MA 02476	37 Coolidge 121 Arlington MA 02476					
	Residential Address	Committee Mailing Address					
Telephone N	umber (optional):	Telephone Number (optional): 781-641 - 3433					
		10124123133					
	SUMMARY BALANCI	E INFORMATION:					
	Line 1: Ending Balance from previous report	4595.87					
	2 17 Ending Balance from previous report	1,3,15.01					
	Line 2: Total receipts this period (page 3, line 11)	731. 00					
	Line 3: Subtotal (line 1 plus line 2)	5,326.87					
	Line 4: Total expenditures this period (page 5, line	14) 3, 762. 12					
	Line 5: Ending Balance (line 3 minus line 4)	1,564.75					
	Line 6: Total in-kind contributions this period (pag	ge 6) D					
	Line 7: Total (all) outstanding liabilities (page 7)	D					
	Line 8: Name of bank(s) used: CitiZenS	Bank					
	Committee Treasurer: have examined this report including attached schedules and it is, to the best of	of my knowledge and helief a true and complete statement of all campaign France					
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: 5/8/17							
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)							
I certify to activity,	that I have examined this report including attached schedules and it is, to the bound of all persons acting under the authority or on behalf of this committee in accordany liabilities nor made any expenditures on my behalf during this reporting process.	pest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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: 5/9/2							

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 affected)				
ne 9: Total Recei	pts over \$50 (or listed above)	600.0D			
Line 10: Total Receipts \$50 and under* (not listed above)		131.00			
ne 11: TOTAL R	ECEIPTS IN THE PERIOD	731.00	← 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 A: Receipts Committee to Elect Jeff Thielman

2-Apr-12 Kenneth Donnelly 3-Apr-12 Mary Deyst 5-Apr-12 Mary Winstanley O'Connor 7-Apr-12 Gene Thielman Line 9: Total receipts in excess of \$50 Line 10: Total receipts in this period	The state of the s
Residential Address 12 Grandview Rd, Arlington, MA 02476 26 Upland Rd. West, Arlington, MA 02474 781 Concord Turnpike, Arlington MA 02476 155 Colony St, Meriden, CT 06451	
Amount Occupation and Employer \$100 \$200 retired \$100 \$100 \$100 \$200 GT Silver City Tires, owner \$600 \$131 \$731	

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.)

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					
			Tarpose of Expenditure	Amount		
	(see attached	1				
	ace without	1				

				union spanish		
		V. 10 m 1 =		3,729.14		
Line 12: Total Expenditures over \$50 (or listed above)						
Line 13: Total Expenditures \$50 and under* (not listed above)						
		Line 13: Total Expenditures \$50	and under* (not listed above)	32.98		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PEDIOD	3,742.12		
	pized expenditures of \$50 and under	include them in line 12. Line 12 of	CRES IN THE LENIOD	1146.16		

^{*} 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

Schedule B: Expenditures Committee to Elect Jeff Thielman

Line 12: Total expenditures over \$50 Line 13: Total expenditures \$50 and under Line 14: Total expenditures	5/12 Topher Heigham	4/3/12 Cambridge Offset Printing	4/16/12 Anita Wolf Design	Date Paid To Whom Paid
der	82 Richfield Rd, Arlington, MA 02474	56 Creighton St, Cambridge, MA 02140	26 Golden Ave, Arlington, MA 02476	Address
	remimbursement	printing expense	graphic design work	Purpose of Expenditure
\$3,729.14 \$32.98 \$3,762.12	\$64.90	\$2,644.24	\$720.00	Amount

	remimbursement	election night party expenses	printing expense	graphic design work	Purpose of Expenditure Am	
90 100 1	\$64.90	\$300.00	\$2,644.24	\$720.00	Amount	



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: $4 - 16 - 12$					
Name of Individual Being Reimbursed: Topher Heigham						
Committee Name: Committee to Elect Jeff Thielman						
CPF ID Number (if applicable): Telephone Number (optional):						
	ITEMIZ	ZE EXPENDITURES IN EXCESS	OF \$50			
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
	Arlington Post Office	1347 Mans Ave Arlington, MA 02476	Stamps	48.96		
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above): 48.96						
	Line 2: Expenditures \$50 or under (not itemized):					
Line 3: TOTAL AMOUNT REIMBURSED: 44.90						
Signed under the penalties of perjury:						
Signature of Candidate Treasurer Date: $6-8-12$						

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