

Signed under the penalties of perjury:



Form CPF M 102: Campaign Finance Report **Municipal Form** 

Office of Campaign and Political Finance

| of Massachuset  | ts 2012 APR - 2   | An o. o.   |   |  | File wit  | th: City or Town Cle   | rk or Election Commission  |
|---|---|--|---|--|---|------------------------|--|
| Fill in Rep   | oorting Period dates:   | Beginning Date:  | Jan 1,  | 2012   | Ending Date:  | Apr 2, 2012            |  |
|   | eport: (Check one)  | ★ Sth day preceding electrons  | etion [   | 30 day   | after election  | year-end report        | dissolution  |
| Maria Roma  | ano   |  |   | Commit   | tee to Elect Maria Ror  | mano                   |  |
|   | Candidate Full Nan  | ne (if applicable)   |   |  | Con   | nmittee Name           |  |
| Selectman   |   |  |   | Laura J.   | Nastasi   |                        |  |
|   | Office Sought   | and District   |   |  | Name of C   | Committee Treasurer    |  |
| 25 Bates Ro   | oad, Arlington, MA 0247   | 4  |   | 25 Bates   | s Road, Arlington, MA   | 02474                  |  |
|   | Residential   | Address  |   |  | Committe  | ee Mailing Address     |  |
| Telephone Nun   | nber (optional):  |  |   | Telephone  | Number (optional):  |                        |  |
|   |   | SUMMARY BAI  | LANCI   | E INFOI  | RMATION:  |                        |  |
|   | Line 1: Ending Ba   | alance from previous repo  | ort   |  |   | -2,050.                | 86   |
|   | Line 2: Total rece  | eipts this period (page 3, 1   | ine 11)   |  |   | 2,6                    | 50   |
|   | Line 3: Subtotal (  | line 1 plus line 2)  |   | -  |   | 599.                   | 14   |
|   | Line 4: Total expe  | enditures this period (page  | e 5, line   | 14)  |   | 2,093.                 | 85   |
|   | Line 5: Ending Ba   | alance (line 3 minus line 4  | 4)  | F  |   | -1,494.                | 71   |
|   | Line 6: Total in-k  | ind contributions this per   | iod (pag  | ge 6)  |   |                        | 0  |
|   | Line 7: Total (all)   | outstanding liabilities (page 1  | age 7)  |  |   |                        | 0  |
|   | Line 8: Name of b   | bank(s) used: Central Bank   | (   |  |   |                        |  |
| I certify that I h<br>activity, includi   | ng all contributions, loans, rec  | nding attached schedules and it is, to<br>beipts, expenditures, disbursements,<br>a authority or on behalf of this com   | , in-kind co  | ntributions a  | nd liabilities for this report  | ing period and represe | all campaign finance ents the campaign                                 |
| Signed under t  | he penalties of perjury:  | Laura J.   | Par   | lasi   | (Treasurer's signatu  | ure) Date: [           | Apr 2, 2012  |
| Candidate  I certify the activity, of incurred ar  Candidate  I certify the finance act | with Committee and no acting at I have examined this report if all persons acting under the analy liabilities nor made any experimental thave examined this report if I have examined this report in the contributions, | LY: Affidavit of Candidate: (cheivity independent of the committed including attached schedules and it uthority or on behalf of this committed including attached schedules and it including attached schedules and it loans, receipts, expenditures, disbut acting under the authority or on behalf | t is, to the bittee in accorreporting py filing sep t is, to the bursements, half of this | pest of my kn<br>ordance with<br>period.<br>arate report<br>pest of my kn<br>in-kind contr | the requirements of M.G.L owledge and belief, a true a ibutions and liabilities for t | and complete stateme.  | eeived any contributions,<br>ant of all campaign<br>and represents the |
| Signed under t  | he penalties of periury   | Maria y com  | lest  |  | (Candidate's signat   | Date:                  | Apr 2, 2012  |

(Candidate's signature)

## **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.)

| eport all receipts. | Please include your committee name and a pa                  | ge number on ea |  |
|---------------------|--|-----------------|--|
| Date Received       | Name and Residential Address (alphabetical listing required) | Amount          | Occupation & Employer (for contributions of \$200 or more) |
| Date Neceiveu       | (aiphanetical fisting required)                              | Amount          | (101 Contributions of \$200 or more)                       |
|                     | ***SEE ATTACHED FORM***                                      |                 |  |
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|                     |  |                 |  |
| ine 9: Total Rece   | ipts over \$50 (or listed above)                             | 2,575           |  |
| ine 10: Total Rece  | eipts \$50 and under* (not listed above)                     | 75              |  |
| ine 11: TOTAL       | RECEIPTS IN THE PERIOD                                       | 2,650           | ← Enter on page 1, line 2                                  |
| ine II: TUTAL       |  | 7,650           | Enter on page 1, line 2                                    |
| Line 11: TOTAL      | RECEIPIS IN THE PERIOD                                       | 2,650           | ← Enter on page 1, line 2                                  |
| If you have itemize | d receipts of \$50 and under, include them in line           | 9. Line 10 shou | ld include only those receipts not itemized above.         |

## SCHEDULE A- RECEIPTS

| 50 Edgehill Rd Arlington Ma. 10 Parker Rd Arlington Ma. 10 Parker Rd Arlington Ma. 18 Hamilton Rd Arlington Ma. 268 Sylvia St Arlington Ma. 177 Mass Ave Arlington Ma. 26 Cypress Rd Arlington Ma. 156 Randolph Rd Arlington Ma. 50 Fairmont Arlington Ma. 25 Bates Rd Arlington Ma. Arlington Ma. Arlington Ma. Arlington Ma. Arlington Ma. Arlington Ma. | For         Jown         State         Zip (2474)           Arlington         Ma.         02474           Arlington         Ma.         02474 |
|--|---|
| Ma. State Zip (  | m         State         Zip Code         Amount           Ma.         02474         \$100.00         Self E           Ma.         02474         \$10.00         Self E           Ma.         02474         \$20.00         Retires           Ma.         02474         \$250.00         Retires           Ma.         02474         \$200.00         Realto           Ma.         02474         \$100.00         Financ           Ma.         02474         \$100.00         Financ           Ma.         02474         \$20.00         Constr           Ma.         02474         \$100.00         Constr  |
| 02474<br>02474<br>02474<br>02474<br>02474<br>02476<br>02476<br>02474<br>02474<br>02474<br>02474<br>02474   | Zip Code Amount  02474 \$100.00 Self E 02474 \$10.00 02474 \$20.00 02474 \$500.00 Retires 02476 \$200.00 Redires 02474 \$200.00 Redires 02474 \$75.00 Admin 02474 \$100.00 Financ 02474 \$100.00 Financ 02474 \$20.00 02474 \$20.00 02474 \$100.00 Forestres  |
|  | Amount Occupation \$100.00 Self Employeed \$10.00 \$10.00 \$20.00 \$500.00 Retired \$25.00 \$20.00 Realtor \$75.00 Administrator \$100.00 Retired \$100.00 Financial Services \$20.00 \$20.00 \$100.00 *LOAN* Construction  |

TOTAL: \$ 2,650.00

## **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.)

|           | To Whom Paid                         |                                  |                               |  |
|-----------|--------------------------------------|----------------------------------|-------------------------------|--|
| Date Paid | (alphabetical listing)               | Address                          | Purpose of Expenditure        | Amount   |
|           |                                      |                                  | T dispose of Expenditure      | Amount   |
|           | ***SEE ATTACHED FORM***              |                                  |                               |  |
|           |                                      |                                  |                               |  |
|           |                                      |                                  |                               |  |
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|           |                                      |                                  |                               |  |
|           |                                      |                                  |                               |  |
|           |                                      | Line 12: Total Expenditures ove  | er \$50 (or listed above)     | 2,093.8  |
|           |                                      |                                  | L                             | _,550.0  |
|           |                                      | Line 13: Total Expenditures \$50 | and under* (not listed above) |  |
|           |                                      |                                  |                               |  |
|           | Enter on page 1 line $4 \rightarrow$ | Line 14: TOTAL EXPENDITU         | RES IN THE PERIOD             | 2,093.8  |

<sup>\*</sup> 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

| Campaign fund, check #137 | \$2,093.85 Cam | Mailing                | 02474 N        | MA    | Arlington | 7 Wheaton Rd | RV Print Solutions | March 30, 2012 |
|---------------------------|----------------|------------------------|----------------|-------|-----------|--------------|--------------------|----------------|
| Payment Source            | Amount         | Purpose of Expenditure | State Zip Code | State | Town      | Street       | To Whom Paid       | Date Paid      |

SCHEDULE B- EXPENDITURES