

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: De	File with: City or Town Clerk or Election Commission ec 31, 2013 Ending Date: Mar 28, 2014
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
Bill Hayner	Committee to Re-Elect Bill Hayner
Candidate Full Name (if applicable)	Committee Name
School Committee	Bonnie Hayner
Office Sought and District	Name of Committee Treasurer
19 Putnam Road, Arlington, MA 02474	19 Putnam Road, Arlington, MA 02474
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	476.35
Line 2: Total receipts this period (page 3, line 1	11) 1,158.82
Line 3: Subtotal (line 1 plus line 2)	1,635.17
Line 4: Total expenditures this period (page 5,	line 14) 914.83
Line 5: Ending Balance (line 3 minus line 4)	520.34
Line 6: Total in-kind contributions this period ((page 6)
Line 7: Total (all) outstanding liabilities (page	7) 4,176.55
Line 8: Name of bank(s) used: Watertown Savin	ngs Bank
activity, including all contributions, loans, receipts, expenditures, disbursements, in-ki finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I 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 activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report. Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to finance activity including contributions, loans, receipts, expenditures, disbursem	(Treasurer's signature) Date: March 28, 2014 1 box only) To the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting period. In separate report to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting period. In separate report to the best of my knowledge and belief, a true and complete statement of all campaign ments, 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 or Signed under the penalties of perjury:	(Candidate's signature) (Candidate's signature) (Candidate's signature)

1st qtr 2014 - Current Quarter 1/1/2014 through 3/31/2014

			•		
2014	Date	Description	Memo	Category	Amount
NCOME	m				825.00
donation	on i				825.00
	1/25/2014	Michael F. McCabe	59 Foster St. Arlington, MA02474	donation	100.00
2/	2/25/2014	Joseph A. Cusce Jr.	90 Hathaway Cir. Arlington, MA 02476	donation	100.00
3/	3/8/2014	Paul Olson	89 Wright St. Arlington MA 02474	donation	125.00
3/	3/8/2014	Gary Tibbetts	16 University Rd Arlington MA 02474	donation	100.00
3/	3/9/2014	Rober L. Tosi Sr.	14 Inverness Rd Arlington MA 02476	donation	100.00
3/	3/14/2014	Bill Dowining	24 Fabyan Street Arlington, MA 02474	donation	100.00
3/	3/20/2014	Christopher Doyle	1 Richfield Rd. Arlington, MA 02474	donation	100.00
3/	3/22/2014	Eugene Lucarelli	99 Newland Arlington, MA 02474	donation	100.00

OVERALL TOTAL

825.00

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.)

D (D) 1	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(for contributions of 3200 of more)
		1.1.1	3 - 202
Line 9: Total Rece	ipts over \$50 (or listed above)	825	
	eipts \$50 and under* (not listed above)	333.82	
T. 44 FOTA	DECEMPS IN THE DEDIOD	1,158.82	Francisco I Francisco
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2 ld include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

-3 440	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
ate Received	(alphabetical listing required)	Amount	(
			,4122
Line 9: Total R	eceipts over \$50 (or listed above)		
Line 10: Total F	Receipts \$50 and under* (not listed above)		
	AL RECEIPTS IN THE PERIOD		← 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.

2014 Expenses - Current Quarter 1/1/2014 through 3/31/2014

Page 1

/2014 Date EXPENSES Expense	Description	Memo	Category
XPENSES			
Expense 1/15/2014	Connolly Printing	letter Head 1000 sheets	
2/26/2014	Connolly Printing	100 wire sign frames	
2/28/2014	Connolly Printing	1000 Dear Friend Cards	
3/8/2014	D'Agostino	food for open house	
3/24/2014	United States Post Office		
			OVERALL TOTAL

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
			ail.	
		Line 12: Total Expenditures or	ver \$50 (or listed above)	837.
	id Bu		50 and under* (not listed above)	76.
				914.
	Enter on page 1, line $4 \rightarrow$		FURES IN THE PERIOD should include only those expenditure	

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

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		117	, et à la	
		.***		400000000000000000000000000000000000000
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
		Line 14: TOTAL EXPENDIT		

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

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		37.0		
		Line 15: In-Kind Contribution	as over \$50 (or listed above)	
		Line 16: In-Kind Contributions	s \$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND (CONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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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
April, 2011	Bill Hayner	19 Putnam Road Arlington,MA	Debt from prior campaign	4,176.55
		2472		
L	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	4,176.55