

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Of Massachusetts	
Fill in Reporting Period dates: Beginning Date: 1/1/2014 Ending Date: 3/22/2014	10n
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution	
Robert L. Tosi Jr. The Committee To Elect Pole Tos, Candidate Full Name (il applicable)	
Board of Selectmen Office Sought and District Robert L. Tosi Sr. Name of Committee Treasurer	
14 Inverness Rel Arlington MA 02476 Residential Address Poly Address Committee Mailing Address Committee Mailing Address	16
Telephone Number (optional). 781-646-8120 Telephone Number (optional): 781-646-8120	
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)  5665.00	
Line 3: Subtotal (line 1 plus line 2) 5, 766. 11	
Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)	
5. Ending Balance (IIIC 3 IIIIII as IIIIC 4)	
Line 6: Total in-kind contributions this period (page 6)	,
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Citizens Bank	
Indidavit of Committee Treasurer:  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 ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign nance 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.  igned under the penalties of perjury:    Date: 3/27/4	
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check   box only)	_
Candidate with Committee and no activity independent of the committee    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.	:0
Candidate without Committee QR 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	
igned under the penalties of perjury: Robert 2 1021 (Candidate's signature) Date: 3/27/14	

### 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.)

port all receipts. P	port all receipts. Please include your committee name and a page number on each page.)  Occupation & Employer					
Date Received	Name and Residential Address (alphabetical listing required)	Amount	(for contributions of \$200 or more)			
3/9/14	Bilafer, John 15 Victoria Rd Arlington	100.00				
3/9/14	Couture David 21 old Colony Rd, Arlington	100.00				
3/14/14	Deyst, Mary 26 Upland Rd West, Artingto	100.00				
2/12/14	Dolan Michael 2 old Colony Rd Aling	neno				
3/8/14	Downs Edward 82 Orvis Rd Arlington	100.00				
3/9/14	Dayle, Chris I Richfield Rd Arlington	200.00	Consultant B&L Associates Inc. Natick N			
3/9/14	Gilligan Stephen 77 Falmouth Kd Hrlington	100 00				
3/20/14	Greeley, Carol 15 Temple St Arlington	10.00				
3/2/14	Hurd, Dale 38 Spy Pond Phuy Arling	100 60				
3/9/14	Kerins, Tom 9 Keals Rd Arlington	150.00				
3/9/14	Lucarelli, Eugene 99 Newland Rd Arlington	100.00				
3/15/14	Maldonis Loretta 28 Bellingtonst Arlingt	100.00				
Line 9: Total Re	eceipts over \$50 (or listed above)	8.1	1,325.00 sub-total			
	eccipts \$50 and under* (not listed above)					
	L RECEIPTS IN THE PERIOD		Enter on page 1, line 2			

<sup>\*</sup> 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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
2/17/14	Morel, Jeanne 5 Lennon Rd Arlington	100.00		
3/8/14	Olsen, Linda 89 Wnight St Arlington	100.00		
3/21/14	Olsen, Linda 89 Wright St Arlington	100.00		
3/9/14	Press Sylvia 35 Indian Ridge Rd Wated	100.00 MA		
2/15/14	Randall Manlyn 75 Walling Rd Adams MA	200.00	Retirect	
3/15/14	Sweeney, Joan Hington 18 Frazer Rd Hington	100.00		
1/21/14	Tosi, Robert Jr. 14 Inverness Rd Aslingto	.500.00	Care Manager Minuteman Senior Services 26 Crosby Drive Bedford MA 01730	
20/14	Tosi, Robert Sr. 14 Inveness Rd Alington	500.00	Retired	
2/15/14	Tosi Camille 14 Inverness Rd Aling	500.00 on	Retired	
3/9/14	Viveiros Chris 635 Langley Rd Groton M	A 500.00	Lead Web Developer TSD North Andover, MA	
3/9/14	Worden, Patricia 27 Jason St Arlington	100.00		
Line 9: Total Recei	pts over \$50 (or listed above)	4,125		
Line 10: Total Rece	ipts \$50 and under* (not listed above)	1,540		
	RECEIPTS IN THE PERIOD	5,665	← Enter on page 1, line 2  d include only those receipts not itemized above.	

<sup>\*</sup> 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.)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
2/16/14	American Legion	370 Mass Ave Arlington, MA	Hall Rental 4-5-14	195.00	
2/6/14	Columbus Club	15 Winslow St Arlington MA	Hall Rental 3-9-14	100.00	
2/28/14	Connelly Printing	173 G1151 Wobum, MA 01801	Printing	488.75	
2/28/14	Connolly Printing	17BGSILST Wolum,MA 01801	Prinhing	127.50	
3/21/14	Courter, David	21 old Colony Rd Adington, MA	Reimburse for Stamps-USPS	110.00	
3/4/14	D'Agostinos	1297 Mass Ave Arlington MA 02476	Catering for 3-9-14 event	375.92	
3/1/14	MUS Publishing, Inc	35 Bedford ST Lexington MA 22421	1/4 Page Ad	446.00	
1/15/14	Sasso, Lisa	ldo Richords Rd Rading MADIBLET	Reimbuse For GoDaddy, com	104.36	
3/1/14	Your Arlington.com clo Bob Sprague	150 Weshington St Arlington MA	Two banner ADS	146,83	
	,				
		, , , , , , , , , , , , , , , , , , ,	447.		
Line 12: Total Expenditures over \$50 (or listed above)				2,094.36	
Line 13: Total Expenditures \$50 and under* (not listed above)				36.00	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					

<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.

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## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
	-			
The state of the s				
The state of the s				
	-	Line 12: Expenditures over \$	50 (or listed above)	
		Line 13: Expenditures \$50 and	d under* (not listed above)	
	Enter on page 1. line 4 →	Line 14: TOTAL EXPENDI		

<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.

### 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
				3
		Line 15: In-Kind Contribution	\$50 ( 1)	
		Line 15: In-Kind Contributions over \$50 (or listed above)  Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1. line 6 →			
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

<sup>\*</sup> 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
3/9/14	Columbus Club	45 Winslow ST Artington MA	Hall Rental 39-14	200.00
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				