

Form CPF M 102: Campaign Finance Report RUNGTON, MA 02174 Municipal Form
Office of Campaign and Political Finance

2014 MAR 21 AM 9: 16

Fill in Reporting Period dates: Beginning Date: January	1, 2014 Ending Date: March 18, 2014
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 3	60 day after election 🔯 year-end report 🔲 dissolution
Stephanie L. Lucarelli	Committee to Elect Stephanie L. Lucarelli
Candidate Full Name (if applicable)	Committee Name
Town Clerk, Arlington	Eugene Lucarelli
Office Sought and District	Name of Committee Treasurer
20 Laurel Street, Arlington, MA 02476	20 Laurel Street, Arlington, MA 02476
Residential Address	Committee Mailing Address
elephone Number (optional): 781-648-8021 Tel	lephone Number (optional):
SUMMARY BALANCE IT	NEODM ATION.
SUMMARY BALANCE II	AFORMATION;
Line 1: Ending Balance from previous report	\$1,358.16
Line 2: Total receipts this period (page 3, line 11)	0.00
Line 3: Subtotal (line I plus line 2)	\$1,358.16
Line 4: Total expenditures this period (page 5, line 14)	135.97
Line 5: Ending Balance (line 3 minus line 4)	1,222.19
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: 'Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used: Citiz	zens
fidavit of Committee Treasurer: rtify that I have examined this report including attached schedules and it is, to the best of my ivity, including all contributions, loans, receipts, expenditures, disbussements, in-kind contributes early ity of all persons acting under the authority of on behalf of this committee infactord, and under the penalties of perjury:	utions and liabilities for this reporting period and represents the campaign ance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 3/492014
OR CANDIDATE FILINGS ONLY: Afridavit 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 altached schedules and it is, to the best of activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period	with the requirements of $M.G.L.$ c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kin campaign finance activity of all persons acting under the authority or on behalf of this comm	f my knowledge and belief, a true and complete statement of all campaign id contributions and liabilities for this reporting period and represents the
and under the revolties of periors. At 1) ham in Ly XIIII	(Candidate's signature) Date: 31272014

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		Occupation & Employer
Date Vecelyed	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		7	
			
	NAME OF THE PROPERTY OF THE PR		
		444	
	ilong.		
ine 9: Total Receipts or	ver \$50 (or listed above)		
		0.00	
ine 10: Total Receipts \$50 and under* (not listed above)		0.00	
ne 11: TOTAL RECE	IPTS IN THE PERIOD	0.00	Enter on page 1. line 2
If you have itemized receipts of \$50 and under include them:		0.00	← 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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7,4			
		1	
			•
		100	
9: Total Receipts o	ver \$50 (or listed above)		
10: Total Receipts \$	S50 and under* (not listed above)		
11: TOTAL RECE	EIPTS IN THE PERIOD	←	Enter on page 1, line 2 clude 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	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	See attached form.			
	77.0			
the same of the sa				
	Lir	ne 12: Total Expenditures over		
	Lin	e 13: Total Expenditures \$50 ε	and under* (not listed above)	

^{*} 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 B - Expenditures

for Period January 1, 2014 to March 18, 2014

\$2.00 per month bank fee for paper statement for 3 months \$9.99 per month bank maintenance fee for 3 months \$100.00 check to Stephen J. Gilligan Committee	Total	\$135.97
TOTAL EXPENDITURES		\$135.97
TOTAL in Bank Account March 18, 2014		\$1,222.19

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Total				
		The state of the s		
	1			
				A SECURAL ALL ALL
		Line 12: Expenditures over \$50 (c		
		Line 13: Expenditures \$50 and und		8
'vou have itemize	Enter on page 1, line 4 → I	Line 14: TOTAL EXPENDITUR	RES IN THE PERIOD	

^{*} 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 De	escription of Contribution	Value
			=	
The second secon				
770				
			100	
17.0				
		77.0		
7			-0.5	
		Line 15: In-Kind Contributions over		0.00
	· ·	ine 16: In-Kind Contributions \$50 &		0.00
	Enter on page 1, line $6 \rightarrow 1$	ine 17: TOTAL IN-KIND CONTR	RIBUTIONS	0.00

^{*} 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
77		To a second		
Lanaua,				
1				
a control of the cont				
The second				
		5A-2	A ALA	
	1			6
2	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0.00



Schedule E Disclosure of Assets Statement Office of Campaign and Political Finance

File with: Director				
Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108 (617) 727-8352			CPF ID#	*
This form should be filed	l by all candidates	and committees with eac	h vear end and each dis	solution report.
	ittee to Elect Stepha		-	eport: 3/20/14
Committee Name: Comm	ittee to Elect Stephal	me L. Lucarem	Date of I	ероп
All	candidates and c	committees must fill in p	art A <u>or</u> part B.	
Part A:				
➤ No assets* were acquired or o	lisposed of by this	candidate/committee dur	ing the period covered	by this statement.
Part B: <u>Assets acquired:</u> List all assets achave filed, list all assets.	equired since the co	ommittee last filed this st	atement. If this is the fi	rst Schedule E you
Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value
•				
Assets disposed of: List all assets Asset Include year, model or other identifying information, if applicable.	Date	nsferred during the report Disposition to: Name and Address	Date and Manner of Disposition	his statement. Disposition Value Attach statement of how value is determined.
Assets acquired by a political committee of that committee. Assets may be dispose An asset is defined as any one item that a cost/value of \$1,000 or more at the time.	sed of at any time, but t has a useful life of m	must be disposed of prior to	dissolution.	
Signed under the penalties of perjury:	arelli		med under the penalties of p	elli
Candidate signature	ate 3/1/2014	Tre	easurer signature	Date 3/47201

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.

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