



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK'S OFFICE  
ARLINGTON, MA 02174

2016 MAR 28 AM 7:29

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2016 Ending Date: 03/24/2016

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

RECEIVED

Leonard Kardon  
Candidate Full Name (if applicable)  
Arlington School Committee  
Office Sought and District  
65 Tanager St., Arlington MA 02476  
Residential Address  
E-mail: len.kardon@gmail.com  
Phone # (optional): \_\_\_\_\_

Committee to Elect Len Kardon  
Committee Name  
Leah Sugarman  
Name of Committee Treasurer  
65 Tanager St., Arlington, MA 02476  
Committee Mailing Address  
E-mail: leahsugarman@gmail.com  
Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11)	4867.00
Line 3: Subtotal (line 1 plus line 2)	4867.00
Line 4: Total expenditures this period (page 5, line 14)	2090.58
Line 5: Ending Balance (line 3 minus line 4)	2776.42
Line 6: Total in-kind contributions this period (page 6)	80.00
Line 7: Total (all) outstanding liabilities (page 7)	340.92
Line 8: Name of bank(s) used:	<u>Leader Bank</u>

#### Affidavit of Committee Treasurer:

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: [Signature] (Treasurer's signature) Date: 3/24/16

#### FOR CANDIDATE FILINGS ONLY: Affidavit 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 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.

##### 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: [Signature] (Candidate's signature) Date: 3/24/16

## 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 attached listing		
Line 9: Total Receipts over \$50 (or listed above)		2825.00	
Line 10: Total Receipts \$50 and under* (not listed above)		2042.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>4867.00</b>	← 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.

Committee to Elect Len Kardon  
Schedule A: Receipts

Date Received	Name (alphabetical)	Address	Amount	Occupation and Employer (if \$200 or more)
2/3/2016	Berggren, Karl	30 Harlow Street #2, Arlington, MA 02474	\$100.00	
1/31/2016	Brazile, Juliana	56 Coolidge Rd, Arlington, MA, 02476, US	\$150.00	
1/31/2016	Brown, Jenny	159 Charlton St., Arlington, MA, 02476, US	\$250.00	writer, self-employed
2/14/2016	Carman, Dean	29 Kilsythe Road, Arlington, MA 02476	\$100.00	
3/18/2016	Carney, Christine	98 Richfield Road, Arlington, MA 02474	\$250.00	bookkeeper, Carney General Contracting
3/5/2016	Commisson, John	16 Shea Road, Cambridge, MA 02140	\$100.00	
1/28/2016	Curro, Joseph	21 Millett Street, Arlington, MA, 02474, US	\$100.00	
3/6/2016	Flanagan, James	49 Trowbridge Street, Arlington, MA 02474	\$100.00	
3/10/2016	Ford, Victoria	16 Twin Circle Drive, Arlington, MA 02474	\$300.00	retired
3/7/2016	Foskett, Charles	101 Brantwood Road, Arlington, MA 02476	\$100.00	
1/22/2016	Kardon, Leonard	65 Tanager St., Arlington MA 02476	\$100.00	
2/1/2016	LaCourt, Annie	48 Chatham St, Arlington, MA, 02474, US	\$100.00	
3/12/2016	Lee, Steven	21 Claremont Ave., Arlington, MA 02476	\$100.00	
2/12/2016	Lepler, Dana	7 Wachusett Avenue, Arlington, MA 02476	\$75.00	
2/1/2016	Loosian, Katherine	39 Inverness Road, Arlington, MA 02476	\$100.00	
2/23/2016	McIsaac, Dominique	206 Appleton St., Arlington, MA 02476	\$100.00	
1/28/2016	Rehrig, Brian	28 Academy Street, Arlington, MA, 02476, US	\$100.00	
3/6/2016	Rowe, Clarissa	137 Herbert Road, Arlington, MA 02474	\$100.00	
3/6/2016	Ruiz, Maria Bruno	144 Wollaston Avenue, Arlington, MA 02476	\$100.00	
2/7/2016	Schilling, Thad	63 Claremont Avenue, Arlington, MA 02476	\$100.00	
2/21/2016	Sugarman, Barry	77 Oakdale Road, Newton, MA 02459	\$100.00	retired
3/5/2016	Sugarman, Barry	77 Oakdale Road, Newton, MA 02459	\$100.00	retired
2/14/2016	Sugarman, David	484 West 43rd St #3-O, NEW YORK, NY 10036	\$100.00	
	TOTAL		TOTAL	\$2,825.00

## 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.)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/16/16	American Legion Post 39	370 Massachusetts Ave. Arlington, MA 02474	hall rental deposit	125.00
3/6/16	American Legion Post 39	370 Massachusetts Ave. Arlington, MA 02474	hall rental	125.00
3/9/16	Brazile, Juli	56 Coolidge Rd. Arlington, MA 02476	reimbursement of printing expense paid to Cambridge Offset Printing	1332.19
3/3/16	Lightening Design	175 Richdale Avenue #319 Cambridge, MA 02140	design services	350.00
3/6/16	Moulton, William	c/o American Legion Post 39 370 Massachusetts Ave. Arlington, MA 02474	beveridge service at campaign kickoff	60.00
misc. dates	Paypal, Inc.	2211 North First St. San Jose, CA 95121	processing fees	98.39
Line 12: Total Expenditures over \$50 (or listed above)				2090.58
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>2090.58</b>

\* 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
Line 15: In-Kind Contributions over \$50 (or listed above)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				80.00
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<b>80.00</b>

Enter on page 1, line 6 →

\* 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.

## 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
3/4/2016	Leonard Kardon	65 Tanager St. Arlington, MA 02476	sign posts	125.00
3/6/2016	Leonard Kardon	65 Tanager St. Arlington, MA 02476	kickoff food and supplies	172.17
3/23/2016	Leonard Kardon	65 Tanager St. Arlington, MA 02476	postcard stamps	43.75
Enter on page 1, line 7 →	<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>			340.92



Commonwealth of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

TOWN CLERK'S OFFICE  
ARLINGTON, MA 02174

2016 MAR 28 AM 7:28

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

RECEIVED

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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):  Telephone Number (optional):

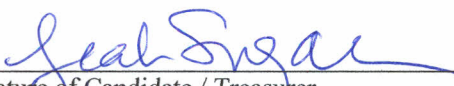
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/4/16	Cambridge Offset Printing	56 Creighton St. Cambridge, MA 02140	printing of campaign materials	1332.19

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text" value="1332.19"/>
Line 2: Expenditures \$50 or under (not itemized):	<input type="text"/>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<input type="text" value="1332.19"/>

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date:

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