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

2014 MAR 21 AM 9: 16

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of Massachusetts				File with: Cit	r or Town Ci	erk or Fle	tion Commission
Fill in Reporting Period dates: Beginning Date: Jan	nua	ry 1, 201			arch 18, 2	-	REUG
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	E] 30 day	after election	year-	end report	☐ di	ssolution
Stephanie L. Lucarelli	1	Comm	nittee to Elect S	Stephanie L	. Lucarelli		
Candidate Full Name (if applicable)	1			Committee			
Town Clerk, Arlington			Eugene Lu	ıcarelli	, , , , , , , , ,	-	
Office Sought and District			Na	me of Commil	tee Treasurer	l.	
20 Laurel Street, Arlington, MA 02476			20 Laurel Stree	t, Arlingto	n, MA 0247	' 6	
Residential Address			C	ommittee Mail	ing Address		
Telephone Number (optional): 781-648-8021		Telephone	Number (optional):				
SUMMARY BALANC	CE	INFO	RMATION:				
Line 1: Ending Balance from previous report			\$1	1,358.16			
Line 2: Total receipts this period (page 3, line 11	.)			0.00			
Line 3: Subtotal (line 1 plus line 2)			\$1	,358.16			
Line 4: Total expenditures this period (page 5, lin	ne	14)		135.97			
Line 5: Ending Balance (line 3 minus line 4)			1	,222.19			
Line 6: Total in-kind contributions this period (pa	age	6)		0.00			
Line 7: 'Total (all) outstanding liabilities (page 7)			·	0.00			
Line 8: Name of bank(s) used:	C	Citizens					
Indaylt of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best tivity, including all contributions, loans, receipts expenditures, disbussements, in-kind tames activity of all persons acting under the authority of on behalf or this committee in gned under the penalties of perjury: OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I be 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 activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf of this committee in activity. Or all persons acting under the authority or on behalf of this committee in activity, including that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements	ox o	tributions a ordance with only) st of my kn dance with riod. rate report st of my kn	nd liabilities for this th the requirements (Treasurer's ovvledge and belief, the requirements of	reporting periof M.G.L. e. 5 signature) a true and com M.G.L. e. 55.	od and repress Date: [plete stateme I have not rec	3/4920 nt of all ca eived any	mpaign 114 mpaign finance contributions,
campaign finance activity of all persons acting under the authority or on behalf of the great under the penalties of perjury:				requirements			

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)
3			
		And the second s	
ine 9: Total Recei	pts over \$50 (or listed above)	0.00	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	0.00	
line 11: TOTAL R	RECEIPTS IN THE PERIOD	0.00	← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		·	
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	ripts \$50 and under* (not listed above)		
	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.

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
	See attached form.			
The second secon				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES 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.

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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
			-	
THOUSAND AND ADDRESS OF THE PARTY OF THE PAR				
	-			
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and t	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14; TOTAL EXPENDIT	URES 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	Description of Contribution	Value
All And A second			0	
The state of the s				
THE COLUMN TWO IS NOT				
			11.0	
7,774			97.	
	·			
		Line 15: In-Kind Contributions		0.00
		Line 16: In-Kind Contributions		0.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	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
	A CANADA			
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77.				And and the second seco
111111111111111111111111111111111111111				
	T T T T T T T T T T T T T T T T T T T			A A A A A A A A A A A A A A A A A A A
	Enter on page 1 line 7 ->	Line 18: TOTAL OUTSTANI	OING LIARILITIES (ALL)	0.00



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

Office of Campaign and Political Finance			CPF ID	#
One Ashburton Place Boston, MA 02108 (617) 727-8352				
This form should be filed b	y all candidates	and committees with eac	h year end and each dis	ssolution report.
	e to Elect Stepha			report: 3/20/14
Allo	andidates and	nomunistana must fill in m	and A an mant D	
Part A:	anuluates and t	committees must fill in p	art A <u>or</u> part b.	
No assets* were acquired or dis	posed of by this	candidate/committee dui	ring the period covered	by this statement.
Part B: <u>Assets acquired:</u> List all assets acquave filed, list all assets.	nired since the c	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
•				
¥:				
ussets disposed of: List all assets so	ld traded on tree	naforead during the conce	ting paried agreed by	hia atatamant
Asset	Date	Disposition to:	Date and Manner	Disposition Value
nclude year, model or other identifying information, if applicable.	Acquired	Name and Address	of Disposition	Attach statement of how value is determined.
sets acquired by a political committee mu that committee. Assets may be disposed				must remain the property
n asset is defined as any one item that ha ost/value of \$1,000 or more at the time of	s a useful life of m			ess environment, and has
med under the penalties of perjury:		Sigr	ned under the penalties of pe	rjury:
Llenhanie L. Lucau	elli	Q	ugse mag	elli
andidate signature Date	3/1/2014	Tre	asurer signature	Date 3/2/2014

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

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