



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

TOWN CLERK'S OFFICE
ARLINGTON, MA 02174

Office of Campaign and Political Finance

2016 JUL 18 PH 1:17

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 6/8/2016 Ending Date: 6/14/2016

Type of Report: (Check one) **RECEIVED**

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Candidate Full Name (if applicable): _____

Office Sought and District: _____

Residential Address: _____

E-mail: _____

Phone # (optional): _____

Build Arlington's Future
Committee Name

Annie LaCourt
Name of Committee Treasurer

48 Chatham st.
Committee Mailing Address

E-mail: treasurer@buildarlingtonsfuture.org

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	6278.15
Line 2: Total receipts this period (page 3, line 11)	275.00
Line 3: Subtotal (line 1 plus line 2)	6553.15
Line 4: Total expenditures this period (page 5, line 14)	5394.27
Line 5: Ending Balance (line 3 minus line 4)	1158.88
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:	Leader Bank

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: _____ (Treasurer's signature) Date: 7/13/2016

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: _____ (Candidate's signature) Date: _____

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)
6/8/2016	Margaret MuckenHaupt 19 Whipple road, Lexington, MA 02420	100.00	
6/8/2016	Tracy Scatterday 17- Newport Street, Arlington, MA 02476	100.00	
Line 9: Total Receipts over \$50 (or listed above)		200.00	
Line 10: Total Receipts \$50 and under* (not listed above)		75.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		275.00	← 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)

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6/11/2016	Arlington Sons of Italy	19 Prentiss road Arlington MA 02467	Water and Soda at election night event	60.00
6/9/2016	Cambridge offset	56 creighton Street Cambridge, MA 02140	Mailing materials	2006.04
6/9/2016	Cambridge offset	56 creighton Street Cambridge, MA 02140	Postage	1787.47
6/10/2016	Facebook		Online Adds	246.70
6/28/2016	Facebook		Online Adds	186.10
6/15/2016	GINNA REEDER		Reimburse for purchase of food for election night	207.91
6/15/2016	Gregory Dennis		Reimburse for electio day supplies	143.80
6/10/2016	Jane Morgan		Reimburse for online adds	50.01
6/15/2016	Kate Leary		Reimburse for printing	163.79
6/28/2016	Kate Leary		Reimburse for Website costs	206.65
6/15/2016	Moriah Tyrell		Reimburse for electio day supplies	144.60
6/15/2016	Optics for Hire	491 Massachusetts Ave. #208 Arlington, MA 02474	Reimburse for online adds	110.88
Line 12: Total Expenditures over \$50 (or listed above)				5372.18
Line 13: Total Expenditures \$50 and under* (not listed above)				22.09
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				5394.27

* 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6/10/2016	Swiftly Printing	1386 Massachusetts Ave, Arlington MA 02476	Printing	58.23

Line 12: Expenditures over \$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	

Enter on page 1, line 4 →

* 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)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			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.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →				Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)