

Form CPF M 102: Campaign Finance Report Municipal Form INVIDENTIAL

Office of Campaign and Political Finance

TOWN CLERK'S OFFICE

2018 APR -5 AM 10: 55

Of Massachuseus	File with: City or Town Clerk or Election Commission		
Fill in Reporting Period dates: Beginning Date: 1-1-2	This page of any		
Type of Report: (Check one)	20 20 13 14 13 (12.1)		
☐ 8th day preceding preliminary	30 day after election year-end report dissolution		
Jeff Thielman	Committee to Elect Jeff Thielman		
Candidate Full Name (if applicable) School Committee	Committee Name Juli Brazile		
Office Sought and District	Name of Committee Treasurer		
37 Coolidge Road, Arlington, MA 02476	37 Coolidge Road, Arlington, MA 02476		
Residential Address E-mail:	Committee Mailing Address E-mail:		
Phone # (optional):	Phone # (optional):		
SUMMARY BALANC	CE INFORMATION:		
Line 1: Ending Balance from previous report	1,924.62		
Line 2: Total receipts this period (page 3, line 11	100		
Line 3: Subtotal (line 1 plus line 2)	2,024.62		
Line 4: Total expenditures this period (page 5, li	ne 14) 0		
Line 5: Ending Balance (line 3 minus line 4)	2,024.62		
Line 6: Total in-kind contributions this period (p	page 6) 0		
Line 7: Total (all) outstanding liabilities (page 7	0		
Line 8: Name of bank(s) used: Leader Bank			
activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this reportion. Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to the committee of the committe	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. [Treasurer's signature] Date: 4-4-2018 box only the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period. [separate report] the best of my knowledge and belief, a true and complete statement of all campaign ints, in-kind contributions and liabilities for this reporting period and represents the		
Signed under the penalties of perjury:	(Candidate's signature)		

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 an receipts. I	Please include your committee name and a pa	Se namber on car	O L Pager)	
D (D	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)	
Date Received	(alphabetical listing required)	Amount	(101 CORE IDUCIONS 01 3200 OF MOTO)	
-7-2018	Charles Lyons 16 Emmons Way	100		
-7-2010	Methuen, MA 01844			
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		Andreas Andrea		
]	
Line 9: Total Rec	eipts over \$50 (or listed above)	100		
Line 10: Total Receipts \$50 and under* (not listed above)		0		
			 	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	100	← Enter on page 1, line 2	
Line 10: Total Re	RECEIPTS IN THE PERIOD	100		

^{*} 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.)

eport 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
				STATE AND ADDRESS OF THE PERSON NAMED OF THE P
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	The state of the s			
	Department of the second of th		Andrews and the second	
	di constanti di co			
	C			
				1
		- Control of the Cont		
	MALA SECURITY OF THE PROPERTY			
				<u> </u>
		Line 12: Total Expenditure	s over \$50 (or listed above)	
		I: 12 F-4 IF- I'-	CEO and under* (not listed above)	
		Line 13: 1 otal Expenditures	s \$50 and under* (not listed above)	
		I : 14. TOTAL EVDEN	DITURES 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 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
Parallel and the second				
				,
		Line 15: In-Kind Contribution	ns 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.

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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
	F			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				