

## Form CPF M 102: Campaign Finance Report

**Municipal Form** 

Office of Campaign and Political Finance, RLINGTON, MA 02174

7019 MAY - 6 PM 3: L3

EIII i. B. di B. i. l.l.	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 03	3.30.19 Ending Date: 05.06.19
Type of Report: (Check one)	RECEIVED
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Stephen DeCourcey	Committee to Elect Steve DeCourcey
Candidate Full Name (if applicable)	Committee to Liect Steve Decourcey  Committee Name
Town of Arlington Select Board	Margaret A. Mitropoulos
Office Sought and District	Name of Committee Treasurer
7 Chewick Rd. Arlington, MA 02472 Residential Address	7 Chewick Rd. Arlington, MA 02472
E-mail: Stepler Select board & GMail. COM	Committee Mailing Address  E-mail:
Phone # (optional):	had orde concort the
There is (Optional).	Phone # (optional):
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	6,402.23
Line 2: Total receipts this period (page 3, line 1	
Line 3: Subtotal (line 1 plus line 2)	
	8,502.23
Line 4: Total expenditures this period (page 5, 1	line 14) 5,559.02
Line 5: Ending Balance (line 3 minus line 4)	2,943.21
Line 6: Total in-kind contributions this period (	(page 6)
Line 7: Total (all) outstanding liabilities (page 7	7)
Line 8: Name of bank(s) used: Leader Bank	
Affidavit of Committee Treasurer:	
	best of my knowledge and belief, a true and complete statement of all campaign finance and contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. o. 55
Signed under the penaltics of perjury: Manyand Amuttop	
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 to 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.	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.
Candidate without Committee OR Candidate with independent activity filing  I certify that I have examined this report including attached schedules and it is, to t finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 5/6/19

## 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. TON. HA 02174

occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year. TON. MA 02174 (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.) MAY -6 PM 3:44

Date Received	Name and Residential Address (alphabetical listing required)	Occupation & Employer (for contributions of \$200 or more)		
			RECEIVED	
	See Attached Schedule			
			8	
Line 9: Total Recei	epts over \$50 (or listed above)	\$1,650.00		
Line 10: Total Rece	ripts \$50 and under* (not listed above)	\$450.00		
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	\$2,100.00	← Enter on page 1, line 2	

<sup>\*</sup> 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 Steve DeCourcey Form CPF M 102 for P/E 5/6/2019 Schedule A: Receipts

Occupation	\$200.00 Retired \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$200.00 Attorney - Lynch, DeSimone & Nylen LLP \$250.00 \$75.00
Amount	\$200.00 Retired \$100.00 \$100.00 \$100.00 \$75.00 \$100.00 \$100.00 \$200.00 Attorney - Lynch \$250.00 \$150.00 \$150.00
City	Arlington, MA 02474 Boston, MA 02474 Arlington, MA 02474
Address	74 Spy Pond Pkwy 111 Medford St. Apt.2 19 Winter St. 76 Park St. 75 Richfield Rd. 111 Spy Pond Pkwy 43 Robin Hood Rd. 20 Amherst St. 10 P.O. Square, Suite 970N 12 Dickson Ave. 50 Beverly Rd. 70 Richfield Rd.
First Name	C. Bradford 74 Spy Pond Pky Angelo/Theresa 111 Medford St Dennis 19 Winter St. Catherine 76 Park St. Edward & Sarah 75 Richfield Rd. Fiona & Ian 111 Spy Pond Pl David 43 Robin Hood I Edward/Susan 20 Amherst St. John 10 P.O. Square, William/Betty 12 Dickson Ave. Julie & Adam 50 Beverly Rd. L. A./John 70 Richfield Rd. Gaar & Lori 49 Oldham Rd.
Date Received Last Name	Barber Black Corbett Farrell Flanagan Howard Johnson Lovelace Lynch Mahoney Moscatel Sofis/Scheft
Date Received	04.02.19 05.04.19 04.02.19 04.01.19 04.02.19 05.02.19 05.02.19 04.02.19 04.02.19

Total Line 9 (Receipts over \$50) \$1,650.00

TOWN CLERK'S OFFICE ARLINGTON, MA 02174 2019 MAY -6 PM 3: 44

RECEIVED

## 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.

from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attachito this report, if additional pages are required to

eport an expend	To Whom Daid	mittee name and a page number of	n each page.)		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
				· · · · · · · · · · · · · · · · · · ·	
			RECEIVED		
			Am Lat		
	See Attached Schedule				
1					
				ere de la companya de	
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	\$5,559.02	
		Line 12: Total Event Jit 65	0 andd* (		
		Line 13: Total Expenditures \$50	u and under* (not listed above)		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	\$5,559.02	
f you have item	ized expenditures of \$50 and under	r, include them in line 12. Line 13 s	1		

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

Committee to Elect Steve DeCourcey Form CPF M 102 - P/E 5/6/2019 Schedule B: Expenditures

Amount	\$3,266.74	\$308 98	\$521.78	\$165.81	\$53.99	\$63.66	\$294.31	\$155.71	\$256.54	\$400.00	\$71.50	
Purpose of Expenditure	Printing	See below **	See below **	Food - Election Night Gathering	Food - Election Night Gathering	Coffee and Food - Election Day Workers	Food - Election Night Party	Robocall	Beverages - Election Night Gathering	Hall Rental - Election Night Gathering	Advertising	
Address	17 Gill Street, Woburn, MA 01801	7 Cheswick Rd., Arlington, MA 02474	7 Cheswick Rd., Arlington, MA 02474	71 2nd Ave.,Waltham, MA 02451	905 Mass. Ave., Arlington, MA 02476	369 Mass. Ave., Arlington, MA 02474	3850 Mystic Valley Pkwy, Medford, MA 02155 Food - Election Night Party	85 Camp Ave., Stamford, CT. 06907	630 High Street, Medford, MA 02155	594 Mass. Ave., Arlington, MA 02476	474	
To Whom Paid	Connolly Printing	Mary DeCourcey	Stephen DcCourcey	Costco	Stop & Shop	<b>Dunkin Donuts</b>	Wegman's	MSL TeleServices, Inc.	Giles Wine and Spirits	<b>Kickstand Café</b>	YourArlington	
Date Paid	03.29.19	04.02.19	04.02.19	04.05.19	04.08.19	04.08.19	04.08.19	04.13.19	04.10.19	04.18.19	04.23.19	

2): \$5,559.02	70 WN CLER 85 99 00 CE ARLINGTON, 84 85 55 74 2019 MAY -6 PM 3: 44		\$521.78
Total (to be included on Sch. B, Line 12):	Printing Printing Ad in Program Book	Reimbursement Amount Included Above	Printing (Amt. included above)
	Expenses Reimbursed to Mary DeCourty.  02.26.19 Arlington Swifty Printing 1386 Mass. Ave., Arlington, MA 02476 03.20.19 Arlington Swifty Printing 1386 Mass. Ave., Arlington, MA 02476 03.30.19 Arlington High School 869 Mass. Ave., Arlington, MA 02476	in DeCourcey	17 Gill Street, Woburn, MA 01801
	Expenses Reimbursed to Mary DeCour	Expenses Reimbursed to Stephen DeCourcey	04.02.19 Connolly Printing
	Expenses Re 02.26.19 03.20.19 03.30.19	Expenses Re	04.02.19