

Form CPF M 102: Campaign Finance Report

Municipal Formun CLERK'S OFFICE Office of Campaign and Political Finance

2020 JAN 22 PM 3: 41

Fill in Reporting Period dates: Beginning Date: Jan	1, 2019 Ending Date: Dec 31, 2019			
True of Departs (Charles)	WE CEIVED			
Type of Report: (Check one)	±			
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution			
A. Michael Ruderman	Committee to Elect Mike Ruderman			
Candidate Full Name (if applicable)	Committee Name			
Selectman, Town of Arlington Office Sought and District	Susan Cronin Ruderman Name of Committee Treasurer			
9 Alton Street, Arlington MA 02474	9 Alton Street, Arlington MA 02474			
Residential Address	Committee Mailing Address			
E-mail:amruderman@gmail.com	E-mail: scruderman@gmail.com			
Phone # (optional): (781) 929-7847	Phone # (optional):			
SUMMARY BALANO	CE INFORMATION:			
Line 1: Ending Balance from previous report	174.51			
Line 2: Total receipts this period (page 3, line 11) 0			
Line 3: Subtotal (line 1 plus line 2)	174.51			
Line 4: Total expenditures this period (page 5, lin	ne 14) 0			
Line 5: Ending Balance (line 3 minus line 4)	174.51			
Line 6: Total in-kind contributions this period (pa	age 6) 0			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used: Watertown Savings	Bank			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)			
Candidate with Committee [52] I certify that I have examined this report including attached schedules and it is, to the	e best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions			
Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury: (Candidate's signature) Date: Jan 21, 2020				

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.)

Name and Residential Address			Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	

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A CONTRACTOR OF THE CONTRACTOR				
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• 11				
J L				
ne 9: Total Receipt	ts over \$50 (or listed above)	0		
ine 10: Total Receipts \$50 and under* (not listed above)				
A 11. TOTAL DE	ECEIPTS IN THE PERIOD	0	← 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	nittee name and a page number on		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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			movements.	
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		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
		Line 13: Total Expenditures \$50	and under* (not listed above)	(
	Enter on page 1, line $4 \rightarrow$	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 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
1				
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1				
-			Particular and a second and a s	
		Line 15: In-Kind Contributions over \$50 (or listed above)		0
		Line 16: In-Kind Contributions \$50 & under (not listed above) 0		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			0

^{*} 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	
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	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) 0				