



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

TOWN CLERK'S OFFICE
TOWN OF ARLINGTON

2020 MAY 28 AM 10:06

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2020 Ending Date: 5/26/2020

Type of Report: (Check one)

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

Bill Hayner
Candidate Full Name (if applicable)

Arlington MA School Committee
Office Sought and District

19 Putnam Rd Arlington MA 02474
Residential Address

E-mail: bill_hayner@comcast.net

Phone # (optional): (781) 643-7948

Committee to Re-elect Bill Hayner
Committee Name

Bonnie Hayner
Name of Committee Treasurer

19 Putnam Rd Arlington MA 02474
Committee Mailing Address

E-mail: bill_hayner@comcast.net

Phone # (optional): (781) 643-7948

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	612
Line 2: Total receipts this period (page 3, line 11)	3,239
Line 3: Subtotal (line 1 plus line 2)	3,851
Line 4: Total expenditures this period (page 5, line 14)	2,607.17
Line 5: Ending Balance (line 3 minus line 4)	1,243.83
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	4,070.80
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 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: Bonnie Hayner (Treasurer's signature) Date: 5/26/20

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 that are not otherwise disclosed in this report.

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: Bill Hayner (Candidate's signature) Date: 5/26/20

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)
May 4, 2020	Sheri Baron 10 Raleigh St Arlington MA 02474	100	
Mar 7, 2020	Fred Buckley 38 Pine Street Arlington MA 02476	100	
May 4, 2020	Christine Carney; 98 Richfield Road; Arlington MA 02474	250	Carney General Contracting Position: Bookkeeper
Mar 7, 2020	Bill Downing 24 Fabyan St Arlington MA 02474	100	
Mar 7, 2020	Carol Downing 24 Fabyan St Arlington MA 02474	100	
Mar 7, 2020	Chris Doyle 1 Richfield Rd Arlington MA 02474	200	Software Consultant - B&L Associates, 13 Tech Circle, Natick, MA 01760
Feb 26, 2020	John Gibbons 70 East St Melrose MA 02176	500	Retired
Mar 7, 2020	Stephen Gilligan 46 Parklawn Rd W Roxbury MA 02132	100	
Feb 24, 2020	Eugene Lucarelli 30 Mill St #333 Arlington MA 02476	100	
Mar 7, 2020	Mary Winston O'Connor 781 Concord Tpke Arlington MA 02476	100	
Mar 8, 2020	Parsons Group LLC 23 Brewster Rd Arlington MA 02476	100	
May 6, 2020	John Roma 3 Sagamore Arlington MA 02476	100	
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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Apr 15, 2020	Paul Schlichtman 47 Mystic St Arlington MA 02474	54	
Mar 4, 2020	Elaine Shea 9 Lincoln St Arlington MA 02476	200	Retired
Mar 14, 2020	Jennifer Susse 45 Teel Street Arlington MA 02474	100	
Mar 7, 2020	Bob Tosi Jr 14 Inverness Road Arlington MA 02476	100	
Mar 7, 2020	Bob Tosi Sr 14 Inverness Road Arlington MA 02476	100	
Mar 7, 2020	Patricia Worden 27 Jason St Arlington MA 02476	100	
Line 9: Total Receipts over \$50 (or listed above)		2,604	
Line 10: Total Receipts \$50 and under* (not listed above)		635	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3,239	← 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
May 6, 2020	Connolly Printing	178 Gill St Woburn MA 01801	2226 Postcards	1,351.27
May 22, 2020	Bill Hayner paid to K of C #109	19 Putnam Rd Arlington MA 02474	Hall for Kickoff	425
May 22, 2020	Bill Hayner paid to Connolly Printing	19 Putnam Rd Arlington MA 02474	1000 Dear Friend Cards & 100 Buttons	501.85
Line 12: Total Expenditures over \$50 (or listed above)				2,278.12
Line 13: Total Expenditures \$50 and under* (not listed above)				329.05
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,607.17

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



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

RECEIVED
2020 MAY 28 AM 10:00
TOWN SECRETARY'S OFFICE
100 HAYDEN AVENUE
BOSTON MA 02111

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/22/20	Connolly Printing	178 Gill St Woburn MA 01801	Reimbursement for payment to Connolly printing fo 1000 Dear Friend Cards and 100 Buttons	\$501.85
5/22/20	Knights of Columbus	15 Winslow Street Arlington, MA 02474	Reimbursement for Hall rental K of C for Kickoff	\$425.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	926.85
Line 2: Expenditures \$50 or under (not itemized):	231.18
Line 3: TOTAL AMOUNT REIMBURSED:	1,158.03

Signed under the penalties of perjury:

Bill Hayner
Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.