



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

5/28/20. EMAILED TO
JANICE WEBER

2020 MAY 29 PM 12:30

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2/1/20 Ending Date: 5-24-20

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

LYNETTE MARTYN
Candidate Full Name (if applicable)
SCHOOL COMMITTEE
Office Sought and District
18 EUSTIS ST. ARLINGTON MA 02476
Residential Address
E-mail: LYNETTEMARTYN@GMAIL.COM
Phone # (optional): 917-449-4404

COMMITTEE TO ELECT LYNETTE MARTYN
Committee Name
JORDAN LUEINSTEIN
Name of Committee Treasurer
18 EUSTIS ST. ARLINGTON MA 02476
Committee Mailing Address
E-mail: LYNETTE MARTYN@GMAIL.COM
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>11,439</u>
Line 3: Subtotal (line 1 plus line 2)	<u>11,439</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>7,943</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3,496</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>BANK OF AMERICA</u>

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: Jordan Lueinstein (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: Lynette Martyn (Candidate's signature) Date: 5/26/2020

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/7/20	ALTMAN, WAYNE 10 CUYNE DR. WOBURN, MA	100	
3/4/20	ALY, KHALED 38 HILTON ST. ARLINGTON MA	100.	
2/5/20	AOKI, AGNES 6714 ROTAN DR, AUSTIN, TX	50.	
2/18/20	AOKI, AGNES 6714 ROTAN DR, AUSTIN, TX	50.	
4/25/20	AOKI, AGNES 6714 ROTAN DR, AUSTIN, TX	75	
4/25/20	BARBER, HEATHER 24 IRVING ST. ARLINGTON MA	100	
5/1/20	BARG, MURRAY 81 NO. ST., MEDFORD MA	100	
3/7/20	BARRY, DIANE 507 ARLETON ST ARLINGTON MA	50	
2/28/20	BERKOWITZ, WILLIAM 12 PELHAM TR, ARLINGTON MA	50	
4/11/20	BERKOWITZ, WILLIAM 12 PELHAM TR, ARLINGTON MA	50.	
3/15/20	BROWN, MELANIE 14 SKYLINE DR. ARLINGTON MA	100	
5/17/20	CASEY, EVA 45 MONTAGE ST, SOMERVILLE MA	50	
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)
2/27/20	COOKE, HEATHER 134 GEORGE ST ARLINGTON MA	100.	
2/27/20	COBOLONGO, MARIA 127 MASPETH AV. BRADY LYN, NY	100	
3/6/20	CRAWFORD, JAMES 140 JOHN ALLEN DR. SEWANEE, TN	50	
5/15/20	CRAWFORD, JAMES 140 JOHN ALLEN DR. SEWANEE, TN	50	
5/17/20	CRONIN, ZOE 12 MT VERNON ST. ARLINGTON MA	50	
2/27/20	CULVERHOUSE, LYNETTE 24 PRAPER AV. ARLINGTON, MA	100	
2/27/20	DIMED, CHRISTOPHER 124 PARK AV. ARLINGTON MA 02476	100	NOT EMPLOYED
4/24/20	DIMEO, CHRIS 124 PARK AV. ARLINGTON, MA	500	NOT EMPLOYED
5/21/20	DORCHAK, CHRISTINE 1A LAKE VIEW ST. ARLINGTON MA	100	PRES + GEN'L COUNSEL GREY2K USA WORLDWIDE
3/3/20	DORCHAK, CHRISTINE 1A LAKE VIEW ST. ARLINGTON MA	500	PRES + GEN'L COUNSEL GREY2K USA WORLDWIDE
2/26/20	DRAY STEVEN 130 JASON ST ARLINGTON MA	500	CHIEF INVESTMENT OFFICER LEVIN ASSET MGT,
5/18/20	EDMOND, MASSOUDEN 21 ROBIN HOOD RD. ARLINGTON MA	50	
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)
2/28/20	EVANS, WYNELLE 20 ORCHARD PL. ARLINGTON MA	50.	
5/18/20	FIELDS, WENDY 125 OVERLOOK RD. ARLINGTON MA	55.	
3/1/20	FIELDS, WENDY 125 OVERLOOK RD ARLINGTON, MA	200	NOT EMPLOYED
5/16/20	FINN ALICE 174 TOWER RD. LINCOLN MA	100	
2/26/20	FINN, ALICE 174 TOWER RD LINCOLN MA	500	FINANCIAL ADVISOR POWERHOUSE ASSETS, LLC
4/22/20	FRIES, JENNIFER 13 1/2 CEDAR ST CAMBRIDGE, MA	50.	
4/21/20	FUSONI, MARY 94 GRANDVIEW RD. ARLINGTON, MA	50	NOT EMPLOYED
5/22/20	FUSONI, MARY 94 GRANDVIEW RD ARLINGTON MA	50	NOT EMPLOYED
2/27/20	FUSONI, MARY 94 GRANDVIEW RD. ARLINGTON MA	100	NOT EMPLOYED
5/19/20	GARDINER, WM 11 MENDOTAY ROCKS DR. ARLINGTON, MA	100	
3/3/20	GERBATANA, FRANK 632 MASS AV, #214 CAMBRIDGE MA	50	
3/1/20	GLOVER, SARAH 139 FRANKLIN ST. ARLINGTON MA	50	
4/20/20	GUTHRIE, JO 100 WILDBOOD AV. ARLINGTON, MA	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

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* 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)
5/24/20	HALFORD, BETHANY 22 AMHERST ST. ARLINGTON, MA	50.	
3/15/20	HALFORD, BETHANY 22 AMHERST ST ARLINGTON, MA	100	
2/27/20	HANDELSON, WM 27 ASHLAND ST. ARLINGTON, MA	100	
5/20/20	HOUZHAN, BETHLYN 5 OAK ST. ARLINGTON, MA	100	
3/15/20	HUNTER, ELIZABETH 13 PARK AV, SOMERVILLE, MA	50	
3/7/20	HUNTER, ELIZABETH 13 PARK AV SOMERVILLE, MA	50	
5/16/20	HUSAIN, ABU 40 JACKSON ARLINGTON, MA	100	
4/23/20	KANG, BRIAN 42 BEACON ST. ARLINGTON, MA	100	
4/23/20	KANG, LINDA 42 BEACON ST ARLINGTON, MA	100	
4/25/20	KLISTALA, MIA 56 ORIENT AV ARLINGTON, MA	125	REGULATORY CMC BIOGEN
3/19/20	LANE, SARAH 8811 CLIFFORD AV CHEVYCHASE, MD	100	
4/20/20	LESSARD, KRISTINE 37 WALNUT ST ARLINGTON, MA	50	
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)
5/16/20	LEZIN, KATYA 2675 PROU. SPRING LN. CHARLOTTE, N.C.	50.	
3/2/20	MALTYN, BRENT 28 SHEPHERD CT. FAIRFAX, CA	100	
3/16/20	MCCABE, SUSAN 22 RUSSELL ST. ARLINGTON MA	50	
3/22/20	MCKERSIE, ROBERT 197 JASON ST. ARLINGTON, MA	50	
5/16/20	MIYAGI, SAYAKA 46 GREELEY CIR. ARLINGTON MA	50	
5/21/20	MOISAND, ALEXIS 81 HAWTHORNE AV. ARLINGTON MA	100	
5/11/20	MORRISON, PEARL 14 PAWNEE DR. ARLINGTON, MA	50	
2/29/20	MOSTAJO, SANDRA 191 PARK AV. ARLINGTON MA	100	NOT EMPLOYED
5/12/20	MOSTAJO, SANDRA 191 PARK AV. ARLINGTON MA	100	NOT EMPLOYED
2/26/20	PALMER, JENNIFER 30 BERWICK RD. NEWTON MA	250 REFUNDED	RESEARCHER V.A. BOSTON HEALTHCARE SYSTEM
3/18/20	PALMER, R. HEATHER 30 BERWICK RD. NEWTON MA	250	NOT EMPLOYED
3/15/20	PARISE, PAUL 106 HEMLOCK ST. ARLINGTON, MA	50	NOT EMPLOYED
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)
2/27/20	PARISE, PAUL 106 HEMLOCK ST. ARLINGTON MA	150	NOT EMPLOYED
4/5/20	PERELI, MARTHA 226 PLEASANT ST ARLINGTON MA	100	
3/15/20	PERSSON REBECCA 15 FREMONT ST ARLINGTON MA	100	
3/2/20	POKRESS, SHAILBEN 51 CROSBY ST ARLINGTON MA	50	
2/26/20	POPKIN, LOUISE 9 CLIFF ST ARLINGTON MA	500	NOT EMPLOYED
3/11/20	POPKIN, LOUISE 9 CLIFF ST ARLINGTON MA	500	NOT EMPLOYED
5/17/20	PYLE, JEFFRY 66 GLOUCESTER ST ARLINGTON MA	50	
5/17/20	ROCCO, ELIZABETH 94 GRAFTON ST #2 ARLINGTON MA	50	
4/27/20	SONEJA, RAJEEV 13 MARY ST ARLINGTON MA	50	
2/27/20	SDNEJA RAJEEV 13 MARY ST ARLINGTON MA	100	
3/18/20	THEIL, CAREY 11A LAKE VIEW ST ARLINGTON MA	50	
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)
3/16/20	THEIL, CAREY 11A LAKE VIEW ST. ARLINGTON, MA	75.	
3/5/20	TULLING, SARAH 122 NEWPORT ST ARLINGTON, MA	50	
3/5/20	VOGEL, ANTHONY 3 EUSTIS ST ARLINGTON, MA	50	
5/16/20	VOGEL, ANTHONY 3 EUSTIS ST. ARLINGTON, MA	50	
5/16/20	WEAVER, JENNY 125 WEBSTER ARLINGTON, MA	50	
3/15/20	WEINSTEIN, JORDAN 23 LENNON RD. ARLINGTON, MA	1000.	NOT EMPLOYED
5/20/20	WINCHESTER, STEPHEN 5-7 LOIS TERRACE #5 DORCHESTER, MA	50	
3/15/20	WONG, GWENDOLYN 151 LOWELL ST. ARLINGTON, MA	250	NOT EMPLOYED
3/6/20	WORDEN, PATRICIA 27 JASON ST. ARLINGTON, MA	100	
4/22/20	WUONOLA, JILL 4 SCHOOL ST, CT. ARLINGTON, MA	50	

Line 9: Total Receipts over \$50 (or listed above) 10,380

Line 10: Total Receipts \$50 and under* (not listed above) 1,059

Line 11: TOTAL RECEIPTS IN THE PERIOD **11,439**

← 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
2/28/20	ARLINGTON SWIFTY PRINTING	ARLINGTON, MA	PRINTING SVCS	61.37
3/3/20	ARLINGTON SWIFTY PRINTING	ARLINGTON, MA	PRINTING SVCS	161.96
4/22/20	FACEBOOK	MENLO PK, CA	ADVERTISING: ALSO SUPPORTED TO ANNE PRESTON FOR \$25	50.00
5/11/20	FACEBOOK	"	ADVERTISING: ALSO SUPPORTED TO ANNE PRESTON FOR \$25	50.00
5/16/20	FACEBOOK	"	ADVERTISING: ALSO SUPPORTED TO ANNE PRESTON FOR \$25	50.00
5/21/20	FACEBOOK	"	ADVERTISING: ALSO SUPPORTED TO ANNE PRESTON FOR \$25	75.00
4/28/20	ROASTED GRANOLA	ARLINGTON, MA	FUNCTION HALL RENTAL	35.00
4/7/20	THE BLUE DEAL	ANNENDALE, VA	PRINTING SVCS	433.84
2/19/20	WORDPRESS	SAN FRANCISCO, CA	INTERNET SVCS	51.00
5/18/20	ZIPPITY PRINT	CLEVELAND, OH	PRINTING AND MAILING SVCS. ALSO SUPPORTED BY MICHAEL HEALY: \$100	1807.75
5/19/20	ZIPPITY PRINT	"	PRINTING + MAILING SVCS	1807.75
5/5/20	ZIPPITY PRINT	"	PRINTING SVCS.	3024.10
Line 12: Total Expenditures over \$50 (or listed above)				7657.77
Line 13: Total Expenditures \$50 and under* (not listed above)				285.07
Line 14: TOTAL EXPENDITURES IN THE PERIOD				7942.84

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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)	
			Line 17: TOTAL IN-KIND CONTRIBUTIONS	<i>0</i>

* 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.

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