

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Camp	paign and Political Pinance
Commonwealth of Massachusetts 2020 MAY 29 PM 1: 06	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/2	27/2020 Ending Date: 5/27/2020
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Juliana H. Brazi'le Candidate Full Name (if applicable)	Brazile for Town Clerk
Candidate Full Name (if applicable) Town Clevic, Avlington Office Sought and District	Brazile for Town Clerk Committee Name Robert Brazile Name of Committee Treasurer
Office Sought and District 5. (Can I do a	Name of Committee Treasurer 5.6. CDALIDAE R. A.
56 Coolidge Rd Arlington, MH 02476 Residential Address	56 Wolldge Rd Arlington, MA 02476 Committee Mailing Address
E-mail: Juli C brazile. net	E-mail: treasurer@brazile.net
Phone # (optional):	Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	м/А
Line 2: Total receipts this period (page 3, line 11)	8159
Line 3: Subtotal (line 1 plus line 2)	8159
Line 4: Total expenditures this period (page 5, line	e 14) 7226.45
Line 5: Ending Balance (line 3 minus line 4)	932.35
Line 6: Total in-kind contributions this period (page	ge 6) Ø
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used: Leader Ban	nk, Arlington, MA
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind c finance activity of all persons acting under the authority or on behalf of this committee in a 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 box	x only)
Candidate with Committee Trad Certify that I have examined this report including attached schedules and it is, to the	to 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 finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the is candidate in accordance with the requirements of M.G.L. c. 55.

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)
2/22/2020	Janice Bakey 17 Russen Pl Arlington, MA 02474	*60	
1 /27 /2020	Juliana Brazile SG Coolidge Rd Arlington, MA 02478	\$100	
1/27/2020	Juliana Brazile 56 Coolidge P2d Arlington, MA 02476	1000 lloan)	ho me maker
1/30/2020	Juliana Brazile 56 coolidge Ro Arlington, MA 02476	\$1500 (loan)	ho me maker
2/11/2020	Juliana Brazile 56 Cooldge Rd Arlington, MA 02476	\$ 1000 (Joan)	home maker
5/12/2020	Juliana Brazile 56 boolidge Rd 02476 Arling Ton, MA	\$ 1000 (ban)	home maker
2/29/2020	Mary K Cummings 135 Jason St Arlington, MA 02476	\$ 100	
2/8/2020	Joseph Curro 21 Millett St Arlington, MA 02474	\$100	
3/15/2020	Gregory Dennis 19 Wheaton Rd Arlington, MA 02474	\$100	3
3/15/2020	James DiTullio 31 Fountain Dd Arlington, MA 02476	\$ 100	57 29 333
3/7/2020	Catherine Farrell 76 Park St Arlington, MA 02474	\$ 100	
5/12/2020	Katharine Fennelly 97 Gray St Arlington, MA 02476	\$ 100	
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Rec	ceipts \$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)
2/20/2020	Deborah L. Goldsmith 24 Worthington Dr South Hadley, MA 01075	1100	
2/9/2020	Camilla Haase 88 Park Ane Apt 401 Arlington, MA 02476	\$ 75	
2 (25/2020	Adrian Harens 2401 Dryden Rd Houston, TX 77030	± 100	
2/25/2020	Christopher Heigham 82 Richfield Rd Arlington, MA 02474	\$ 100	
2 (7 / 2020	Albert A. Hopeman 1 Manadrock Rd Arlington, MA 02476	\$100	
3/1/2020	beonerd Kardon 65 Tanager St Arlington, MA 02476	[‡] 150	
3/8/2020	Nova Mann 45 Wollaston Ave Arlington, MA 02476	\$ 100	
3/8/2020	Christine Michael 6 Nowton Rd #2 Arlington, MA 02474	\$ 100	
2/14/2020	John F. Page 26 A Academy St Arlington, MA 02+76	\$ 100	
2/10/2020	Allen Recdy 153 Renfrew St Arlington, MA 02476	\$ 100	
2/9/2020	Brian Rehrig 28 Academy St Arlington, MA 02476	\$100	5
2/15/2020	Stephen A. Revitak III Sunnyside Ave Arlington, MA 02474	*1000	
3/17/2020	Elizabeth Rose 333 E. 68th St New York, NY 10065	\$ 100	
Line 9: Total Reco	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	0 Line 10 char	Enter on page 1, line 2 uld include only those receipts not itemized above.

^{*} 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 16 2020	Clarissa Rowe 137 Herbert Rd Arling ton, MA 02474	\$100	
2/16/2020	Michael W. Stern 10 Farmer Rd Arlington, MA 02476	\$ 100	
2/11/2020	Jennifer 12. Susce 45 Teel St Arlington, MA 02474	\$100	
2/16/2020	Laura Weiner 72 Jason St Arlington, MA 02476	\$ 75	
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			65
Line 9: Total Rece	sipts over \$50 (or listed above)	6966	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	1199	
· ·	RECEIPTS IN THE PERIOD	8159	Enter on page 1, line 2 and include only those receipts not itemized above.

^{*} 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

eport all expend	To Whom Paid	nittee name and a page number on		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
2/3/2020	Swifty Printing	1386 Massachuseth Ave Arlington, MA 02476	letter and envelope printing	1238.12
2/5/2020	USPS	10 Court St Arlington, MA 02476	postage for compaign mailing	1100.00
2/13/2020	Connolly printing	17 Gill St Woburn, MA 01801	palm cords, buttons and stickers	1111,38
2/20/2020	Potter's Printing	847 Pleasant St Fall River, MA 02723	campaign yard signs	1103.13
5/13/2020	Connolly Printing	17 6111 St Woburn, MA 01801	posterrys fr mailing	2604.19
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			29 PM	10 10 1 10 1 10 1 10 1
			1:06	
		Line 12: Total Expenditures	over \$50 (or listed above)	7156.8
		Line 13: Total Expenditures 5	\$50 and under* (not listed above)	<u> </u>
	Enter on page 1, line 4	→ Line 14: TOTAL EXPEND	ITURES IN THE PERIOD 3 should include only those expendi	7226, G

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 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
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			MAN OX	
			9 7	***
			(20.00)	
			80	
		Line 15: In-Kind Contribu	ations over \$50 (or listed above)	0
		Line 16: In-Kind Contribu	tions \$50 & under (not listed abov	e) <i>0</i>
	Coton on many 1 line 6	→ Line 17: TOTAL IN-KIN	ND 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.

ate Incurred	To Whom Due	Address	Purpose	Amount
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			200 170 200 200 200 200 200 200 200 200 200 2	^2*
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Listen Listen				
Action in the second se				
	Enter on page 1, line 7 =	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	