



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK'S OFFICE  
ARLINGTON, MA 02474  
2020 MAY 29 PM 4:35  
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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 20, 2020 Ending Date: May 28, 2020

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

Elizabeth R. Exton  
Candidate Full Name (if applicable)  
Arlington School Committee  
Office Sought and District  
231 Washington St. Arlington, MA 02474  
Residential Address  
E-mail: liz.exton@gmail.com  
Phone # (optional): 617-216-7152

Committee to Elect Elizabeth Exton  
Committee Name  
Jason Kahn  
Name of Committee Treasurer  
231 Washington St. Arlington, MA 02474  
Committee Mailing Address  
E-mail: vote@elizabethexton.com  
Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11)	\$4504.00
Line 3: Subtotal (line 1 plus line 2)	\$4504.00
Line 4: Total expenditures this period (page 5, line 14)	\$3,774.53
Line 5: Ending Balance (line 3 minus line 4)	\$729.47
Line 6: Total in-kind contributions this period (page 6)	\$945.00
Line 7: Total (all) outstanding liabilities (page 7)	\$271.72
Line 8: Name of bank(s) used:	Leader 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: [Signature] (Treasurer's signature) Date: 29 May 2020

**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: [Signature] (Candidate's signature) Date: 5/29/2020

## 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)
	see attached		
Line 9: Total Receipts over \$50 (or listed above)		\$4129.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$375.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$4504.00</b>	← Enter on page 1, line 2

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 SECRETARY OF THE TREASURY

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



Date Received	Last Name	First Name	Address	City	State	Zip	Amount	Occupation	Employer
3/8/2020	Bain	David J.	138 Ferry St.	Lawrence	MA	01841	\$100.00		
2/25/20	Broder	Molly	19 Stony Run	New Rochelle	NY	10804	\$50.00		
2/23/20	Broder	Jennifer	15 Glen Avenue	Arlington	MA	02474	\$100.00		
3/1/20	Carney	Christine	98 Richfield Road	Arlington	MA	02474	\$300.00	Bookkeeper	Self
2/26/20	Clarke-Lauer	Anne	5 ROANOKE RD	Arlington	MA	02474	\$75.00		
3/7/2020	Curro	Joseph	21 Millet St	Arlington	MA	02474	\$50.00		
3/7/2020	DeCoursey	Stephen	7 Cheswick Rd.	Arlington	MA	02474	\$100.00		
2/27/20	Dennis	Gregory	19 Wheaton Rd	Arlington	MA	02474	\$100.00		
2/29/20	DIMEO	Chris	124 Park Ave.	Arlington	MA	02476	\$100.00		
2/2/20	Exton	Christopher	107 Morgan Bend Ct	Chapel Hill	NC	27517-4924	\$1,000.00	Not Employed	Not Employed
4/30/20	Farrell	Catherine	76 Park Street	Arlington	MA	02474-3333	\$100.00		
5/6/2020	Fennelly	Katharine	97 Gray Street	Arlington	MA	02474	\$100.00		
2/27/20	Fitzgerald	Kristin	11 Yale Road	Arlington	MA	02474	\$75.00		
3/14/2020	Goodwin	Stephen	152 Newport St.	Arlington	MA	02474	\$50.00		
2/1/20	Grenzeback	Katherine	85 Homer Street	Newton	MA	02459	\$50.00		
3/7/2020	Grossman	Sharon	16 Peabody Rd	Arlington	MA	02474	\$50.00		
5/12/20	Haase	Camilla	88 Park Ave #401	Arlington	MA	02476	\$50.00		
3/7/2020	Heigham	Leba	82 Richfield Rd	Arlington	MA	02474	\$100.00		
4/1/20	Howson	Laura	11 Lantern Ln	Arlington	MA	02474	\$300.00	Biochemist	Biogen
3/7/20	Hurd	John	400 Massachusetts Avenue	ARLINGTON	MA	02474	\$50.00		
2/2/20	Kakos	Whitney	93 Overlook Rd	Arlington	MA	02474-1410	\$50.00		
3/1/20	Kardon	Leonard	65 Tanager St	Arlington	MA	02476	\$100.00		
2/16/2020	Leary	Kate	39 Milton St	Arlington	MA	02474	\$50.00		
2/1/20	Marshall	Lisa	8 Park Ave Extension	Arlington	MA	02474	\$100.00		
2/13/20	Morgan	Jane	172 Brattle Street	Arlington	MA	02474	\$50.00		
5/6/20	Rehrig	Brian	28 Academy St	Arlington	MA	02476	\$200.00	Pres	Renco Management Inc.
2/15/0202	Revilak	Revilak	111 Sunnyside Ave	Arlington	MA	02474	\$75.00		
2/1/20	Saadat	Alham	62 Magnolia St	Arlington	MA	02474	\$50.00		
3/7/20	Saadat	Alham	62 Magnolia St	Arlington	MA	02474	\$50.00		
3/11/20	SARGENT	RUSSELL	6 GORHAM ST	ARLINGTON	MA	02474	\$50.00		
2/28/20	Sawyer	Sarah	226 Washington Street	Arlington	MA	02474	\$100.00		
3/31/20	Schlichtman	Paul	47 Mystic Street - 8C	Arlington	MA	02474	\$54.00		
3/17/20	Starks	Cindy	1 MONADNOCK RD	ARLINGTON	MA	02476	\$50.00		
2/24/20	Susse	Jennifer	45 Teel Street	Arlington	MA	02474	\$100.00		
5/5/20	THORNTON	BARBARA	223 Park Ave	Arlington	MA	02476	\$100.00		
3/13/2020	Yontar	Timur Kaya	58 Bates Rd	Arlington	MA	02474	\$50.00		

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10 W N OLBARK ST OFFICE  
ARLINGTON, MA 01920

## 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
	see attached			

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	\$3508.20
Line 12: Total Expenditures over \$50 (or listed above)	
Line 13: Total Expenditures \$50 and under* (not listed above)	\$266.33
Line 14: <b>TOTAL EXPENDITURES IN THE PERIOD</b>	<b>\$3774.53</b>

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.

Date Paid	To Whom Paid	Address	City, State	Zip	Purpose	Amount
2/2/2020	ActBlue Technical Services	P.O. Box 441146	Somerville, MA	02144	processing fee	\$51.37
5/19/2020	Connolly Printing	17B Gill St.	Woburn, MA	01801	Mailed Post cards	\$2,978.90
2/27/2020	Connolly Printing	17B Gill St.	Woburn, MA	01801	Response cards	\$207.93
5/26/2020	Facebook, Inc	1 Facebook Way	Menlo Park, CA	94025	Advertising	\$75.00
5/23/2020	Facebook, Inc	1 Facebook Way	Menlo Park, CA	94025	Advertising	\$50.00
2/25/2020	Potter's Printing	822 Eastern Avenue	Fall River, MA	02723	Campaign buttons	\$145.00

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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
3/3/2020	Gina Kahn not employed/no employer	2 Alder Lane, Wilbraham, MA 01095	yard signs	\$900.00
Line 15: In-Kind Contributions over \$50 (or listed above)				900.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				45.00
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<b>945.00</b>

\* 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
5/14/2020	Jason Kahn - reimbursement	231 Washington St. Arlington, MA 02474	mass email provider	\$42.44
1/31/2020	Jason Kahn - reimbursement	231 Washington St. Arlington, MA 02474	website hosting	\$229.28
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	\$271.72