



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

File with: ²⁰²⁰ City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/20 Ending Date: 3/15/20

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

DIANE MATHON
Candidate Full Name (if applicable)
SELECT PERSON
Office Sought and District
27 HOWARD ST Bellingham
Residential Address
E-mail: _____
Phone # (optional): _____

Committee To Re-elect Diane Mathon
Committee Name
Rebecca Mathon
Name of Committee Treasurer
27 HOWARD ST BELLINGHAM
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2622.58</u>
Line 2: Total receipts this period (page 3, line 11)	<u>4635.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>7257.58</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2620.19</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>4637.39</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>NOELLAND</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: Rebecca Mathon (Treasurer's signature) Date: 4/1/20

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
 Candidate with Committee and no activity independent of the 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.
 Candidate without Committee OR Candidate with independent activity filing separate report
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 committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Diane Mathon (Candidate's signature) Date: 4/1/20

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)
1/29	KNISTER ANDERSON 12 UPLAND RD WEST ARL. MA 02474	100	RECEIVED
2/29	LINDA OLSEN 89 WRIGHT STREET ARL. MA	75	
3/12	ST. PHIL Billigan 46 PARK LANE ON WEST NEWTON	100	
3/12	ROBERT TESTI 14 CHESTER RD ARL	100	
3/12	WAGE NI-92 159 BERRY AVE QUINCY MA 02169	500	PA 8-8127/310
4/1	LOU ANNE BARRA 99 SOUTHWEST RD ARL.	100	
4/1	IBEW 2222 159 THOMAS BERRY QUINCY	500	MA 80530
4/1	ALFRED FANTUCCI 4 CHERRY PK CARL MA 02141	150	
6/1	WILLIAM MAHER 12 DICKSON ST ARL.	250	RETIRED
Line 9: Total Receipts over \$50 (or listed above)		1875	
Line 10: Total Receipts \$50 and under* (not listed above)		685	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2560	← 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)
2/21	DEBRA COLLAW 17 ANNA RD WOBURN	250	RECEIVED 230 JUN-9 AM 10:55
2/21	MARTIN Conway 9 NEEDHAM ST ALL. MA	150	RECEIVED
2/21	FRANK CIANO 230 MARY ST WOBURN ORIENTAL CAMP	100	
2/21	MARIAN Foley 8 BRADFORD RD MELROSE	100	
2/21	SEAN Galvin Arlington	200	SELF EMPLOYED
2/21	RICHARD Gallagher 29 Fessenden St ALL.	100	
2/21	BUTTON HOLLEY 109 FELLSDALE RD SIPPLINGHAM	100	
2/21	DEBRA MALLOWAY 12 DICKSON AVE ALL.	100	
2/21	WILLIAM McFARLEY 11 DICKSON AVE ALL.	100	
2/21	CLAISSA DOWE 137 HERBERT RD ALL.	100	
2/21	DYMPNA SLAVIN 90 MAY ST	100.00	
2/21	JONATHAN WATKINS 11 WEAVER ST		
1157 ADAMS ST DORCHESTER	STEEL METAL WORKS LOCAL 17 CPF 801194Y 02124	500	
Line 9: Total Receipts over \$50 (or listed above)		1900	
Line 10: Total Receipts \$50 and under* (not listed above)		175	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2075	← 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.

CLERK'S OFFICE
2020 JUN -3 AM 10:55

(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
2/21	D'Agostino 1297 MASS RD	MASS RD AND	FOOD	217
2/24	MASS RECORDS	AND	DS MUSIC	200
2/24	KDFC AND MA	WINSLOW ST AND	HALL RENTAL	300.
2/24	POTTERS POINT SAN ENRIQUE PORTLAND ME	PORTLAND ME MA	PRINTING	989.97
3/15	POTTERS POINT 830 EASTON RD	PORTLAND ME MA	PRINT	912.74
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				2619.73
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2619.73

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.

TOWN CLERK'S OFFICE
ARLINGTON, MA 02109

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			RECEIVED	

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	

Enter on page 1, line 6 →

* 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
			TOWN CLERK'S OFFICE ARTINATOR	
			2020 JUN -3 AM 10:55	
			RECEIVED	

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

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