



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2020 Ending Date: 05/29/2020

Type of Report: (Check one)

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

Janice A Weber

Candidate Full Name (if applicable)

Arlington Town Clerk

Office Sought and District

29 Crescent Hill Ave Arlington MA 02474

Residential Address

E-mail: weberforclerk@gmail.com

Phone # (optional):

Janice Weber for Town Clerk

Committee Name

Bonnie M Hayner

Name of Committee Treasurer

29 Crescent Hill Ave Arlington MA 02474

Committee Mailing Address

E-mail: weberforclerk@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	8,559.91
Line 3: Subtotal (line 1 plus line 2)	8,559.91
Line 4: Total expenditures this period (page 5, line 14)	5,741.31
Line 5: Ending Balance (line 3 minus line 4)	2,776.6
Line 6: Total in-kind contributions this period (page 6)	50
Line 7: Total (all) outstanding liabilities (page 7)	500
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: 5/27/20

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: Janice A. Weber (Candidate's signature)

Date: 5/28/20

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)
Jan 27, 2020	Ruth J Begley; 34 Hancock St Arlington MA 02474	150	
Feb 20, 2020	M. Sandra Buck; 28 Forest St; Arlington MA 02476	100	
Feb 22, 2020	Frederick Buckley; 38 Pine St; Arlington MA 02474	100	
Feb 25, 2020	Sharyn Burdge; 37 Winterberry Way; Bedford, MA 01730	100	
Feb 22, 2020	Frank J Ciano; 65 Woodside Ln; Arlington MA 02474	100	
Mar 5, 2020	Brian J Connor; 54 Claremont Ave; Arlington MA 02476	100	
Feb 22, 2020	David C Crimmings; 41 Gorham St; Arlington MA 02474	150	
Feb 22, 2020	Regina M Davidson; 82 Beacon St; Arlington MA 02474	200	Retired
Feb 22, 2020	Alfred M Devito; 1145 Mass Ave; Arlington MA 02476	150	
Feb 17, 2020	Peter Gentile; 142 Renfrew St; Arlington MA 02476	100	
Mar 6, 2020	Stephen Gilligan; 46 Parklawn Rd; W Roxbury MA 02132	100	
Jan 28, 2020	Anne Hare; 54 Swan Rd; Winchester MA 01890	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)
Jan 22, 2020	Teresa M Harrington;1582 SE Tidewater PL; Stuart FL 34997	200	
Feb 22, 2020	Richard Jones;225 Pheasant Ave;Arlington MA 02474	100	
Feb 22, 2020	Louise Judd;140 Robbins Rd;Arlington MA 02476	100	
Feb 8, 2020	Julianne Kelly;78 Summer St # 1;Arlington MA 02474	100	
Mar 19, 2020	Philip Lohnes;22 Bartlett Ave;Arlington MA	1,000	Senior Director of Finance and HR, Nantero Inc
Mar 19, 2020	Paul Lohnes;75 Cambridge Parkway Suite 100; Cambridge MA 02142-1229	1,000	self employed
Feb 24, 2020	Eugene Lucarelli;30 Mill St #333;Arlington MA 02474	100	
Jan 22, 2020	Stephanie L Lucarelli;20 Laurel St;Arlington MA 02474	100	
Feb 22, 2020	Paul L Parise;106 Hemlock St;Arlington MA 02474	100	
Feb 22, 2020	Jo Anne Preston;42 Mystic Lake Dr; Arlington MA 02474	75	
Feb 21, 2020	Robert Radochia;45 Columbia Rd;Arlington MA 02474	75	
Jan 30, 2020	Corinne M Rainville;745 Summer St; Arlington MA 02474	100	
Mar 19, 2020	Mary E Ruddy;22 Bartlett Ave;Arlington MA	1,000	Vice President, Gartner Research
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 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
Feb 5, 2020	Connolly Printing	178 Gill St Woburn MA 01801	100 Signs / 500 Business Cards	579.56
Feb 22, 2020	Market Basket	43 Middlesex Turnpike Burlington MA 01803	Food for Kickoff	165.85
Feb 22, 2020	Knights of Columbus, #109	15 Winslow St, Arlington MA 02474	Hall for Kickoff	350
Feb 22, 2020	Connolly Printing	178 Gill St Woburn MA 01810	2000 Dear Friend Cards	366.56
Feb 22, 2020	Bonnie Hayner	19 Putnam Rd Arlington MA 02474	100 Buttons from Connolly Printing	110
Feb 22, 2020	Bonnie Hayner	19 Putnam Rd Arlington MA 02474	100 Volunteer Sheets from Staples, Cambridge MA	86.22
2/28/2020	Connolly Printing	178 Gill St Woburn MA 01810	50 Sign Wires	66.44
May 13, 2020	Connolly Printing	178 Gill St Woburn MA 01810	7104 postcards	3,954.68
May 21, 2020	US Postal Office	Court St Arlington MA 02476	20 postcard stamps + 100 letter stamps	62
Line 12: Total Expenditures over \$50 (or listed above)				5,741.31
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				5,741.31

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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Expenditures over \$50 (or listed above)	
			Line 13: Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	

* 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
Feb 22, 2020	Janice A Weber	29 Crescent Hill Ave Arlington MA 02474	Jimmy's Steer House Gift Card for Door Prize	50
Line 15: In-Kind Contributions over \$50 (or listed above)				50
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				50

* 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. Page 6



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

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
Feb 27, 2020	Connolly Printing	178 Gill St Woburn MA 01801	100 Buttons	\$110.00
Feb 27, 2020	Staples 186 Alewife Brook Pkwy, Cambridge, MA 02138	Staples 186 Alewife Brook Pkwy, Cambridge, MA 02138	100 Volunteer Sheets	\$86.22
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above):				196.22
Line 2: Expenditures \$50 or under (not itemized):				0
Line 3: TOTAL AMOUNT REIMBURSED:				196.22

Signed under the penalties of perjury:

Janice G. Weber *Bonnie Hayner*
 Signature of Candidate / Treasurer

Date:

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



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

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:	2/27/2020
Name of Individual Being Reimbursed:	Bonnie Hayner	
Committee Name:	Janice Weber for Town Clerk	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
Feb 27, 2020	Connolly Printing	178 Gill St Woburn MA 01801	100 Buttons	\$110.00	
Feb 27, 2020	Staples 186 Alewife Brook Pkwy, Cambridge, MA 02138	Staples 186 Alewife Brook Pkwy, Cambridge, MA 02138	100 Volunteer Sheets	\$86.22	
(Include items listed on Page 2) →				Line 1: Expenditures in excess of \$50 (itemized above):	196.22
				Line 2: Expenditures \$50 or under (not itemized):	0
				Line 3: TOTAL AMOUNT REIMBURSED:	196.22

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 5-28-2020

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

