



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: 05/30/2020 Ending Date: 06/30/2020

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 MA 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 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	2,776.60
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	2,776.60
Line 4: Total expenditures this period (page 5, line 14)	2,609
Line 5: Ending Balance (line 3 minus line 4)	167.60
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	0
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: 6/30/2020

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: Janice A. Weber (Candidate's signature) Date: 6-30-2020



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
6/30/2020	Janice A Weber	29 Crescent Hill Ave Arlington MA 02474	Loan Reimbursement from 2/13/20	500

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text" value="500"/>
Line 2: Expenditures \$50 or under (not itemized):	<input type="text" value="50"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input type="text" value="550"/>

Signed under the penalties of perjury:

Janice A. Weber / Bonnie Hayden
Signature of Candidate / Treasurer

Date:

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