

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

Office of Campaign and Political Finance

Of Massachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 05/3	30/2020 Ending Date: 06/30/2020
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	⊠ 30 day after election
Janice A Weber	Janice Weber for Town Clerk
Candidate Full Name (if applicable)	Committee Name
Arlington MA Town Clerk Office Sought and District	Bonnie Hayner  Name of Committee Treasurer
29 Crescent Hill Ave Arlington MA 02474	29 Crescent Hill Ave Arlington MA 02474
Residential Address	Committee Mailing Address
E-mail: weberforclerk@gmail.com	E-mail: weberforclerk@gmail.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE 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)	2,776.6
Line 4: Total expenditures this period (page 5, lin	ne 14) 2,609
Line 5: Ending Balance (line 3 minus line 4)	167.60
Line 6: Total in-kind contributions this period (pa	age 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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in 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 bo	ox only)
Candidate with Committee  1 certify that I have examined this report including attached schedules and it is, to the	e best of my knowledge and belief, a true and complete statement of all campaign finance
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
Signed under the penalties of perjury: January Q. M.C.	be (Candidate's signature) Date: 6-30-2020

## 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     (alphabetical listing required)     Amount     (for contributions of \$200 or mo       Image: Contribution of \$200 or mo     Image: Contribution of \$200 or mo       Image: Contribution of \$200 or		Name and Residential Address		Occupation & Employer
	Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
				23 1
			THE STATE OF THE S	Comments of the Comments of th
ine 9: Total Receipts over \$50 (or listed above)	***************************************			S :
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ine 9: Total Receipts over \$50 (or listed above)				
	ne 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Receipts \$50 and under* (not listed above)	ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL RECEIPTS IN THE PERIOD  ← Enter on page 1, line 2	ine 11: TOTAL R	ECEIPTS IN THE PERIOD		n

<sup>\*</sup> 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 nage.)

тећот зи сућен	To Whom Paid	mittee name and a page number or	u eacn page.)		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
5/26/2020 Michael Ruderman		9 Alton St Arlington MA 02474	Online Advertisements to a4 Media & Data Solutions LLC	2,000	
6/30/2020	Janice A Weber	29 Crescent Hill Ave Arlington MA 02474	Reimbursement for Loan on 2/13/2020	500	
			2000	4 = 4  	
				9.75 ** *** 916 927	
		Line 12: Total Expenditures over	er \$50 (or listed above)	2,500	
Line 13: Total Expenditures \$50 and under* (not listed above)				109	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,609	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## 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

		* 1	W Some	* **
Please itemiz	ze any reimbursements by detailing the date, payee, address, purpose and amount for ea	ich expenditure made	by the pe	erson being
reimbursed.	The total amount reimbursed to the individual (which must be by committee check) sh	ould be the same as t	né amoun	t shown on
	•			

reimbursed. The	total amount reimburse	etailing the d ed to the indi	late, payee, address, p vidual (which must b	ourpose and am	ount for each expenditue check) should be the s	re made by the	ne person being
the reimbursemen	nt form.		•		j		
	******					<u></u>	+ +
	·			Date	of Reimbursement: 6/3	0/2020	
Name of Individu	ual Being Reimbursed:	Janice A We	:ber	#	**************************************		
Committee Name	e:	Janice Webe	er for Town Clerk		And the state of t		
ODE ID Mumbon	(10 s-11-14-).	F					
CPF ID Number	(if applicable):		,	Telephone N	Number (optional):		
		ITEMIZ	ZE EXPENDITURE	S IN EXCESS	S OF \$50		
Date Paid	Vendor Nai	ne	Vendor Ad	dress	Purpose of Expe	nditure	Amount
6/30/2020	Janice A Weber		29 Crescent Hill Ave MA 02474	Arlington	Loan Reimbursement 2/13/20	from	500
	Philos L						
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above): 500							
Line 2: Expenditures \$50 or under (not itemized):  50							
Line 3: TOTAL AMOUNT REIMBURSED: 550						550	
Signed under the	penalties of perjury:						
	Signati	zccc (). ire of Candid	Meker /	bornee.	Hayre	Date: 6/30	/2020

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