



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

2020 JUL -6 AM 8:03

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Type of Report: (Check one)

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

JULIANA H. BRAZILE  
Candidate Full Name (if applicable)

TOWN CLERK ARLINGTON  
Office Sought and District

56 COOLIDGE RD ARLINGTON MA 02476  
Residential Address

E-mail: juli@brazile.net

Phone # (optional): \_\_\_\_\_

BRAZILE FOR TOWN CLERK  
Committee Name

ROBERT BRAZILE  
Name of Committee Treasurer

56 COOLIDGE RD ARLINGTON MA 02476  
Committee Mailing Address

E-mail: treasurer@brazile.net

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

932.35

Line 2: Total receipts this period (page 3, line 11)

150.00

Line 3: Subtotal (line 1 plus line 2)

1082.35

Line 4: Total expenditures this period (page 5, line 14)

0

Line 5: Ending Balance (line 3 minus line 4)

1082.35

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used: LEADER BANK, ARLINGTON, MA

#### 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: Robert Brazile (Treasurer's signature)

Date: 7/5/2020

#### 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: Juliana H Brazile (Candidate's signature)

Date: 7/5/20



## SCHEDULE A: RECEIPTS

*MGLE 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)
6/3/2020	MARY WINSTANLEY O'CONNOR 781 CONCORD TPKE ARLINGTON, MA 02476	150.00	
Line 9: Total Receipts over \$50 (or listed above)		150.00	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		0	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>150.00</b>	

RECEIVED  
2020 JUL -6 PM 0:56  
TOWN OF ARLINGTON

11

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