



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

TOWN CLERK'S OFFICE
ARLINGTON, MA 02174

2023 APR 31 AM 8:43

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/26/23 Ending Date: 5/1/23

Type of Report: (Check one)

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

Candidate Full Name (if applicable)	Committee Name <u>CTE Diane M. Mahon</u>
Office Sought and District	Name of Committee Treasurer <u>Rebecca Mahon</u>
Residential Address	Committee Mailing Address <u>23 Howard St., Arl. MA</u>
E-mail:	E-mail:
Phone # (optional):	Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$2903.93</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$3025.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$5928.93</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$1400.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$4528.93</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	<u>Rockland Trust., Broadway, Arl.</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 Mahon (Treasurer's signature) Date: 5/1/23

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: Diane M. Mahon (Candidate's signature) Date: 5/1/23

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/21/23	Kristin Anderson 12 Upland Rd. West Arl., MA	\$250.00	General Mgr. Forced Exposure
3/21/23	Dennis Corbett 19 Winter St. Arl. MA	\$100.00	
3/24/23	Darcy Devereux 120 Thornehill St. Arl. MA 02474	\$100.00	
3/29/23	Ethel Doyle 1 Richfield Rd Arl. MA	\$100.00	
3/21/23	Chris Gallagher 103 Valentine Rd Arl. MA	\$50.00	
3/20/23	Ann Galvin 630 High St. Medford, MA	\$250.00	Manager - Galvin
3/21/23	Rich Gred 60 Epping St Arl. MA	\$75.00	
3/17/23	IBEW 2222 159 Thomas Bugin Parkway Quincy, MA	\$500.00	Local 2222 Union
3/19/23	George Laite 25 Lafayette St. Arl., MA	\$500.00	Comm. Mass. Service Rep
3/20/23	Paul Marinelli 28 Brooks Ave Arl. MA	\$500.00	Camb. Firefighter
3/20/23	William McCarthy 11 Dickson Ave Arl. MA	\$100.00	
3/20/23	Robert V. Snell 23 Howard St. Arl. MA	\$500.00	Retired - Disabled
Line 9: Total Receipts over \$50 (or listed above)		\$3025.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$3025.00	← 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.

