

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

TOWN OFF

	Office of Campaign and Political Finance			ARLINGTO	N. MA DOLL
Commonwealth of Massachusetts			File with	2023 JAN 1	lection Commission
Fill in Reporting Period dates:	Beginning Date: Jan 1	., 2022	Ending Date:	Dec 31, 2022	
Type of Report: (Check one)					
8th day preceding preliminary 8	8th day preceding election	30 day after	election 🔀 y	ear-end report	dissolution
Jo Anne Preston		Committee to	o Elect Jo Anne Pr	eston	
Candidate Full Name (if ap			Com	mittee Name	
Housing Authority of Arlington, Commision		John Burt	Name of Co	ommittee Treasurer	
Office Sought and Dis 42 Mystic Lake Dr. Arlington MA 02474	trict	42 Mystic Lal	ke Dr. Arlington M		
Residential Addres	S	42 Mystic Lai		Mailing Address	
E-mail: ja-preston@com		E-mail:		dburt@gmail.com	
	43-5431	Phone # (optional		(781) 643-5431	
	SUMMARY BALANO	E INFORM	ATION:		
,	SOMMAN BREAK			XI -	
Line 1: Ending Balance	e from previous report			231.82	
Line 2: Total receipts the	nis period (page 3, line 11)	Telephone Telephone	0	
Line 3: Subtotal (line 1	plus line 2)			231.82	
Line 4: Total expenditu	ares this period (page 5, lin	ne 14)		0	
Line 5: Ending Balance	e (line 3 minus line 4)			231.82	
Line 6: Total in-kind co	ontributions this period (page 1)	age 6)		0	
Line 7: Total (all) outst	anding liabilities (page 7)			2,000	
Line 8: Name of bank(s	s) used: Leader Bank				
Affidavit of Committee Treasurer: I certify that I have examined this report including att activity, including all contributions, loans, receipts, efinance activity of all persons acting under the author Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: A Condidate with Committee I certify that I have examined this report including activity, of all persons acting under the authority incurred any liabilities nor made any expenditure Candidate without Committee	Affidavit of Candidate: (check 1 b or on behalf of this committee in affidavit of Candidate: (check 1 b or on behalf of this committee in a es on my behalf during this reporting	contributions and lian accordance with the ox only) the best of my knowle accordance with the rug period that are not	abilities for this reportie requirements of M.G. (Treasurer's signature dependent of M.G.L. otherwise disclosed in	ng period and represents th L. c. 55. re) Date: Jun nd complete statement of a c. 55. I have not received this report.	Il campaign finance any contributions,
I certify that I have examined this report including finance activity, including contributions, loans, to campaign finance activity of all persons acting up	eceipts, expenditures, disbursemen	ts, in-kind contribution	ons and liabilities for the	nis reporting period and rep	presents the

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)
Date Received	(aiphabetical fishing required)	7 xxxx out	
			
	Water Control of the		
		ALLEA STREET, PROPERTY OF THE	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	sipts \$50 and under* (not listed above)	TO STATE OF THE PARTY OF THE PA	
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)
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ine 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		o O I ino 10 show	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" attackment is available to complete, print and attack 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
CONTRACTOR OF THE PROPERTY OF				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES 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.

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SCHEDULE B: EXPENDITURES (continued)

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		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 EXPENDIT	URES 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
				The state of the s
			<u></u>	
	1	Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} 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.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
03/02/2020	Jo Anne Preston	42 Mystic Lake Dr. Arlington MA 02474	campaign expenses	2,000
	Enter on page 1, line 7	→ Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	