

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance RK'S OFFICE

2023 JAN 18 PM 12: 29

Fill in Reporting Period dates: Beginning Date: 05/6	703/2022 Ending Date: 12/31/2022		
Type of Report: (Check one)			
8th day preceding preliminary 8th day preceding election	☐ 30 day after election		
Stephen W. DeCourcey	Committee to Elect Steve DeCourcey		
Candidate Full Name (if applicable)	Committee Name		
Select Board - Town of Arlington	Margaret A. Mitropoulos Name of Committee Treasurer 7 Cheswick Road, Arlington, MA 02474		
Office Sought and District			
7 Cheswick Road, Arlington, MA 02474			
Residential Address E-mail: swdecourcey@gmail.com	Committee Mailing Address E-mail: pmitrop@comcast.net		
Phone # (optional):	Phone # (optional):		
SUMMARY BALAN	NCE INFORMATION:		
Line 1: Ending Balance from previous report	\$1,440.68		
Line 2: Total receipts this period (page 3, line 1	\$100.00		
Line 3: Subtotal (line 1 plus line 2)	\$1,540.68		
Line 4: Total expenditures this period (page 5, l	e 14) \$216.36		
Line 5: Ending Balance (line 3 minus line 4)	\$1,324.32		
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: Leader Bank			
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury: Way Anticopped FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 Candidate with Committee I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report Candidate without Committee I certify that I have examined this report including attached schedules and it is, to	(Treasurer's signature) Date: O/./1_23 I box only) The best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, tring period that are not otherwise disclosed in this report. The best of my knowledge and belief, a true and complete statement of all campaign finance in the best of my knowledge and belief, a true and complete statement of all campaign tents, in-kind contributions and liabilities for this reporting period and represents 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)
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			DFFICE 02174 12: 29
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)	100.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		100.00	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.