

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance WN CLERK'S OFFICE

Type of Report: (Check one) \$\text{Stephen W. DeCourcey}\$ Candidate Full Name (if applicable) Select Board - Town of Arlington Office Sought and District 7 Cheswick Road, Arlington, MA 02474 Residential Address E-mail: swdecourcey@gmall.com Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 6: Total in-kind contributions this period (page 6) RECEIVED Question RECEIVED Question RECEIVED Question	ill in Reporting Period dates: Beginning Date: 1/1	1/2021 Ending Date: 12/31/2021
Stephen W. DeCourcey Candidate Full Name (if applicable) Select Board - Town of Arlington Office Sought and District 7 Cheswick Road, Arlington, MA 02474 Residential Address E-mail: swdecourcey@gmail.com Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Committee to Elect Steve DeCourcey Committee Name Margaret A. Mitropoulos Name of Committee Treasurer 7 Cheswick Road, Arlington, MA 02474 Committee Mailing Address E-mail: pmitrop@comcast.net Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: \$1,440.68 \$	III III Reporting Period dates.	Ending Date.
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Line 7. Total (all) autotanding liabilities (page 7)	Line 6: Total in-kind contributions this period ((page 6)
	Line 7: Total (all) outstanding liabilities (page	7) N/A
Line 8: Name of bank(s) used: Leader Bank	Line 8: Name of bank(s) used: Leader Bank	
Signed under the penalties of perjury: Mayan Amtigouls (Treasurer's signature) Date: January	gires small the permitted of perfusy.	(Trouble of Sugaritato)
	OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I	l box only)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	activity, of all persons acting under the authority or on behalf of this committee in	n accordance with the requirements of M.G.L. c. 55. I have not received any contributi
	Candidate without Committee I certify that I have examined this report including attached schedules and it is, to	to 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