

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Type of Report: (Check one) Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution	Dill: D : 11	File with: City or Town Clerk or Election Commission
Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution	Fill in Reporting Period dates: Beginning Date: 10/3:	1/2023 Ending Date: 12/07/2023
Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution	Type of Departs (Cl. 1	
Candidate Full Name (if applicable) Office Sought and District Residential Address Residential Address From # (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) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Affidavit of Committee Treasure: cortify that I have examined this report including statabed 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 coordinate with the requirements of M.G.L. c. 55. Candidate with Committee Treasure: Candidate with Committee Treasure on the ball from the district on the district of the campaign finance activity of all persons acting under the authority or on behalf of this contributions and liabilities for fine requirements of M.G.L. c. 55. Candidate with Committee Treasure: Candidate with Committee Treasures on the behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date: Candidate with Committee Locatify that I have examined this report including statabed schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance carrivity, including and the persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Line 1: Line 3: Name of the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Line 4: Total contributions, loss, receipte, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity, including and the committee on my behalf of this conditions in accordance with the requirements of M.G.L. c. 55.	-	
Candidate Full Name (if applicable) Office Sought and District Residential Address Residential Address Committee Name Annie LaCourt Name of Committee Name Name of Committee Name Annie LaCourt Name of Committee Name Name o	8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☒ dissolution
Annie LaCourt Residential Address E-mail: Bennet # (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) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Line 8: Name o	Candidata Full Nama (if analizable)	
Name of Committee Treasurer Residential Address R	Candidate Fun Name (11 applicable)	
Residential Address E-mail: Committee Mailing Address	Office Sought and District	
E-mail:		
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gned under the penalties of perjury: Date:	Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements	best of my knowledge and belief, a true and complete statement of all campaign
	Signed under the penalties of perjury:	Date:

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)
11/02/2023	Jennifer Susse 445 Teel Street, Arlington, MA 02474	\$100.00	
11/02/2023	Roderick Holland 88 Grafton street, Arlington, MA 02474	\$100.00	
11/03/2023	Jill Greenlee 24 Windermere Ave. Arlington, MA 02476	\$100.00	
ine 9: Total Recei	pts over \$50 (or listed above)	\$300.00	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	\$475.00	
	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	I 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" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include vo

Date Paid	To Whom Paid	4.77		
Date I alu	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	Kirsi Allison Ampe	2 Governor Road, Arlington, MA 02474	Reimburse for Signs and Door hangers	15:
	Julie Vakoc	36 Epping Street, Arlington MA 02474	Website setup	2!
	Kate Leary	39 Milton Street, Arlington MA 02474	Reimburse for election night party expenses	520.0
	Danielle Laquer	10 Macri Ln Walpole, NH 03608	Graphics design	2562.5
	Arlington Youth Consultation Center	670R Massachusetts Ave.	Contribution to AYCC	405.8
	- Sindication Center	Arlington MA 02476		
	Arlington Eats	117 Broadway Suite A, Arlington MA 02474	Contribution to Arlington Eats	405.8
	Meta	Meta.com		
		Heta.com	Facebook adds	166
	Mailchimp	Mailchimp.com	Email tool	13.5
	Stripe	Stripe.com	Bank fees	36.5
		Line 12: Total Expenditures over	er \$50 (or listed above)	7374.9
		Line 13: Total Expenditures \$50		
		Line 14: TOTAL EXPENDITE		7374.95

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
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
I		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	