



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

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City Clerk

Office of Campaign and Political Finance

2020 JAN 21 AM 10:05

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 12/16/2019 Ending Date: 12/31/2019

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)
Office Sought and District
Residential Address
E-mail:
Phone # (optional):

Committee For Responsible Development
Committee Name
Simon French
Name of Committee Treasurer
47 Glen Avenue, Newton, MA, 02459
Committee Mailing Address
E-mail: <u>rightsize@rightsize2020.org</u>
Phone # (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	8490
Line 3: Subtotal (line 1 plus line 2)	8490
Line 4: Total expenditures this period (page 5, line 14)	464.21
Line 5: Ending Balance (line 3 minus line 4)	8025.79
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	4000
Line 8: Name of bank(s) used: <u>Rockland Trust</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: [Signature] (Treasurer's signature) Date: 1/21/2020

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: _____ (Candidate's signature) Date: _____



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

Candidate Full Name (if applicable): _____

Office Sought and District: _____

Residential Address: _____

E-mail: _____

Phone # (optional): _____

Committee For Responsible Development

Committee Name

Simon French

Name of Committee Treasurer

47 Glen Avenue, Newton, MA, 02459

Committee Mailing Address

E-mail: rightsize@rightsize2020.org

Phone # (optional): _____

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Signed under the penalties of perjury: _____ (Treasurer's signature) Date: 1/21/2020

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee
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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: _____ (Candidate's signature) 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)
	See attached (schedule a1)		
Line 9: Total Receipts over \$50 (or listed above)		8490	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		8490	← 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)

Line 9: Total Receipts over \$50 (or listed above)	
Line 10: Total Receipts \$50 and under* (not listed above)	
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 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 your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	See Attached (Schedule b1)			
Line 12: Total Expenditures over \$50 (or listed above)				464.21
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				464.21

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Expenditures over \$50 (or listed above)	
			Line 13: Expenditures \$50 and under* (not listed above)	
			Line 14: TOTAL EXPENDITURES IN THE PERIOD	

Enter on page 1, line 4 →

* 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
Line 15: In-Kind Contributions 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.

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
12/20/2019	RightSize Newton	7 Briar Lane, Newton, 02460	Loan to campaign	4000
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	4000

Sheet2

Date	Amount	Name	Address	City	State	Zip	Occupation	Employer
12/27/19	\$100.00	Barbier, Suzette	124 Winchester St.	Newton	MA	02461	Graphic Designer	Self-employed
12/23/19	\$500.00	Block, Randall	48 LaFayette Rd	Newton Lower Falls	MA	02468	Retired	Retired
12/26/19	\$500.00	Carter, Robert	126 E. Side Parkway	Newton	MA	02458	Independent Consultant	Self-employed
12/27/19	\$50.00	chansky, lucie	259 jackson st	newton centre	MA	02459	Retired	Retired
12/26/19	\$100.00	Comando, Lauren	74 Rockland Pl.	Newton Lower Falls	MA	02464		
12/27/19	\$100.00	Cooper, Barbara	411C Dedham Street	Newton	MA	02459	Retired	Retired
12/27/19	\$100.00	Day, Rose	21 Fern St	Auburndale	MA	02466	Clinical Analyst	Tufts Medical Center
12/27/19	\$25.00	Elbaum, Deborah	25 Sherrin rd	Newton	MA	02462	coach	self
12/16/19	\$40.00	French, Simon	47 Glen Ave	Newton	MA	02459	Software Engineer	Cargurus
12/27/19	\$100.00	French, Simon	47 Glen Ave	Newton	MA	02459	Software Engineer	Cargurus
12/27/19	\$100.00	Gabbay, Carolyn	11 Doris Circle	Newton	MA	02458	Retired	Retired
12/26/19	\$500.00	Goldsmith, Lynn	73 Grove St	AUBURNDALE	MA	02466	Retired	Retired
12/27/19	\$250.00	Jackson, Martina	115 LOWELL AVE	Newtonville	MA	02460	Retired	Retired
12/27/19	\$50.00	Knowles, Linda	28 Indiana Ter	Newton Upper Falls	MA	02464	Retired	Retired
12/27/19	\$50.00	Lamont, Ian	85 Islington Rd	AUBURNDALE	MA	02466	Publisher	i30 Media
12/27/19	\$100.00	lazaris, nick	1947 beacon	newton	MA	02468	retired	retired
12/26/19	\$100.00	Loewenstein, Ernest	57 Hyde St	Newton	MA	02461		
12/30/19	\$25.00	McBride, Thomas	41 Albert Road	Auburndale	MA	02466	Retired	Retired
12/27/19	\$100.00	Ohanian, David	28-2 Columbia Avenue	Newton	MA	02464	Retired	Retired
12/27/19	\$250.00	Parkinson, Gina	21 Grayson Ln	Newton Lower Falls	MA	02462	Retired	Retired
12/26/19	\$1,000.00	Rosbash, Michael	665 Grove St	Newton Lower Falls	MA	02462	Professor	Brandeis University
12/27/19	\$100.00	Sanborn, Dianne	48 circuit Ave	Newton	MA	02461	Retired RN/ANP	Retired
12/27/19	\$100.00	Slattery, Carole	558 Grove St.	Newton	MA	02462	Retired	Retired
12/26/19	\$150.00	Smiley, Barbara	1073 Walnut St	Newton	MA	02161		

Sheet3

Date	Amount	To Whom Paid	Address	City	State	Zip	Purpose
12/18/19	\$24.00	Google LLC	1600 Amphitheatre Pkwy	Mountain View	CA	94043	Domain Registration
12/24/19	\$360.00	Impress.org LLC	443 G Street, Suite #201	San Diego	CA	92101	Wordpress Donation plugins
12/27/19	\$29.00	Impress.org LLC	443 G Street, Suite #201	San Diego	CA	92101	Processing Fee
12/27/19	\$50.18	Stripe	510 Townsend Street	San Francisco	CA	94103	Processing Fee
12/30/19	\$1.03	Stripe	510 Townsend Street	San Francisco	CA	94103	Processing Fee