Form CPF M 102: Campaign Finance Report
Municipal Form

Commonwealth of Massachusetts

TOWN CLERK
ARLINGTON, MA. 02476
2025 JAN 20 PM 8:52

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2024 Ending Date: 12/31/2024

Type of Report: (Check one)

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

Kelda Fontenot
Candidate Full Name (if applicable)

Arlington Housing Authority
Office Sought and District

169 Western Ave, #3 Cambridge MA 02139
Residential Address

E-mail: KeldaFontenot@gmail.com

Phone #:

Campaign to Elect Kelda Fontenot
Committee Name

Elizabeth Dray
Name of Committee Treasurer

130 Jason Street, Arlington MA 02476
Committee Mailing Address

E-mail: elizabethdray@gmail.com

Phone #: 617 584 9428

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	104.91
Line 2: Total receipts this period (page 3, line 12)	0.00
Line 3: Subtotal (line 1 plus line 2)	104.91
Line 4: Total expenditures this period (page 5, line 15)	0.00
Line 5: Ending Balance (line 3 minus line 4)	104.91
Line 6: Total in-kind contributions this period (page 6, line 18)	0.00
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0.00
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0.00
Line 9: Name of bank(s) used:	Leader Bank

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: _____ (Treasurer's signature) Date: 1/17/25

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: 1/17/25

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Kelda Fontenot
Candidate Full Name (if applicable)

Arlington Housing Authority
Office Sought and District

169 Western Ave #3, Cambridge MA 02139
Residential Address

E-mail: KeldaFontenot@gmail.com

Phone #: _____

Campaign to Elect Kelda Fontenot
Committee Name

Elizabeth Dray
Name of Committee Treasurer

130 Jason St, Arlington MA 02476
Committee Mailing Address

E-mail: ElizabethDray@gmail.com

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Signed under the penalties of perjury: _____ (Treasurer's signature) Date: 1/17/25

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: 1/17/25

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over $50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of $50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/17/25	Rosie's Place	PO Box 51399 Boston MA 02205-1399	Donation to dissolve campaign bank account	104.91

Enter expenditure totals on Page 5