



Form CPF 102ND : Campaign Finance Report

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: Director

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108

CPF ID# _____

(617) 727-8352

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Feb. ^{Month} 8 ^{Date} 2010 ^{Year} Ending Feb. ^{Month} 22 ^{Date} 2010 ^{Year}

Type of report: (Check one)

8th day preceding primary 8th day preceding election year-end report dissolution 30 days after special election

Thomas H. Ulfelder
Full Name of Candidate
Selectman - Town of Wellesley
Office Sought/District
22 Sagamore Road
Residential Address
Wellesley, MA 02481
Tel. No. (optional)

The Ulfelder Committee
Committee Name
Jean Ulfelder
Name of Committee Treasurer
22 Sagamore Rd.
Committee Mailing Address
Wellesley, MA 02481
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | |
|--|-----------------------|
| Line 1: Ending balance from previous report | \$ <u>0.00</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>1,205.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>1,205.00</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>1,066.22</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>138.78</u> |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>0.0</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>0.0</u> |
| Line 8: Name of bank(s) used | <u>Citizen's Bank</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:

Jean Ulfelder
Treasurer's signature (in ink)

2-22-10
Date

Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report, and 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.

Candidate without committee OR Candidate with independent activity filing separate report

I certify that I have examined this report, and 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Thomas H. Ulfelder
Candidate's signature (in ink)

2/22/10
Date

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781-235-1994

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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name, CPF ID# 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 | | |
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| Line 9: Total receipts in excess of \$50 (or listed above) | | 950 | 00 |
| Line 10: Total receipts \$50 and under* (not listed above) | | 255 | 00 |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 1205 | 00 |

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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.

The Ulfelder Committee
Donation Receipts

| Date | Last Name | First Name | Street Address | City/ Town | Amount | Employer/ Occupation |
|---------|-----------------------------|------------------|-----------------|---------------------|--------|----------------------|
| 2/19/10 | Frigoletto, Jr. M.D. | Fred | 27 Emerson Rd. | Wellesley, MA 02481 | \$100 | |
| 2/9/10 | Law Office of T.H. Ulfelder | | 22 Sagamore Rd | Wellesley, MA 02481 | \$100 | |
| 2/19/10 | Peterson | Timothy & Elaine | 3 Charles River | Wellesley, MA 02481 | \$200 | |
| 2/19/10 | Schiff | Isaac & Janet | 122 Abbott Rd. | Wellesley, MA 02481 | \$100 | |
| 2/16/10 | Ulfelder | John | Old Dominion Dr | McLean, VA | \$125 | |
| 2/16/10 | Ulfelder | Susan | Old Dominion Dr | McLean, VA | \$125 | |
| 2/19/10 | Wagner | Kathleen & Lucia | 138 Albion Rd. | Wellesley, MA 02481 | \$100 | |
| 2/21/10 | Zani | Joseph & Franca | 19 Burke Lane | Wellesley, MA 02481 | \$100 | |
| 2/10/10 | | | | | \$50 | |
| 2/10/10 | | | | | \$50 | |
| 2/19/10 | | | | | \$50 | |
| 2/19/10 | | | | | \$50 | |
| 2/19/10 | | | | | \$30 | |
| 2/19/10 | | | | | \$25 | |

| | |
|-------------|---------|
| Over \$50 | \$950 |
| \$50 & Less | \$255 |
| Total | \$1,205 |

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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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name, CPF ID# and a page number on each page.

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|--|--|---------|------------------------|---------|
| | See attached | | | |
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| Line 12: Expenditures over \$50 | | | | 1066 22 |
| Line 13: Expenditures \$50 and under* | | | | 0 00 |
| Line 14: TOTAL EXPENDITURES | | | | 1066 22 |

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Enter on page 1, line 4

* If you have itemized expenditures \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE A - CONTRIBUTIONS

The Ulfelder Committee
Expenditures

| Date | Name/ Business | Street Address | City/Town/State | Purpose | Amount |
|---------|---------------------|----------------|----------------------|------------|------------|
| 2/8/10 | Connolly Printing | 300 Salem St. | Woburn, MA 01801 | Push Cards | \$415.44 |
| 2/19/10 | Richard Advertising | 35 Tenean St. | Dorchester, MA 02122 | Signs | \$650.78 |
| Total | | | | | \$1,066.22 |

SCHEDULE B - LIABILITIES

| Date | To Whom Due | Address | Amount |
|---------------------------|-------------|---------|--------|
| (Enter on page 1, line 7) | | | |

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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.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|--|---------------------|---------------------|-----------------------------|-------|
| | | | | |
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| | | | | |
| | | | | |
| Line 15: In-kind over \$50 | | | | 0. 0 |
| Line 16: In-kind \$50 and under | | | | 0. 0 |
| Line 17: Total In-kind | | | | 0. 0 |

Enter on page 1, line 6

* 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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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 |
|---|-------------|---------|---------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Line 18: OUTSTANDING LIABILITIES (ALL) | | | | 0. 0 |

Enter on page 1, line 7

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