



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

4/19/17
Received
Candidate
Filing

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning FEB Month 17 Date Year 2017 Ending Month MAR Date Year 27 2017

Type of report: (Check one)

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

Robert Anthony

Full Name of Candidate (if applicable)

Board of Health

Residential Address

103 OLD COLONY ROAD
Wellesley MA 02481

Tel. No. (optional)

Robert Anthony for Board of Health

Committee Name

Maryanne Tuohy

Name of Committee Treasurer

103 OLD COLONY ROAD

Wellesley MA 02481

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | |
|----------------------------------------------------------|-----------------------|
| Line 1: Ending balance from previous report | \$ <u>20.00</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>100.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>120.00</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>-0-</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>120.00</u> |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>1,500.00</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>-0-</u> |
| Line 8: Name of bank(s) used | <u>Wellesley 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:

Treasurer's signature (in ink)

Date

4/15/17

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 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.

Candidate without Committee OR Candidate with independent activity filing separate report

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

April 13, 2017

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 |
|---------------------------------|---------------------|-----------------------------------------------------|-----------------------------|-----------------------|
| 2/20/17 | Robert Anthony | 103 OCD Colony Wellesley, MA | STAMPS Literature | \$1,500 ⁰⁰ |
| | | OCCUPATION: President, Adolescent Wellness, Inc. | | |
| | | | | |
| | | | | |
| Line 15: In-kind over \$50 | | | | \$1,500 ⁰⁰ |
| Line 16: In-kind \$50 and under | | | | |
| Line 17: Total In-kind | | | | \$1,500 ⁰⁰ |

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 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 |
|-------------------------|-------------|---------|---------|----------------------------------------|
| ~ | ~ | ~ | ~ | \$0~ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Enter on page 1, line 7 | | | | Line 18: OUTSTANDING LIABILITIES (ALL) |
| | | | | \$0~ |

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

40 CENTRAL STREET
WELLESLEY, MA 02482

ADDRESS SERVICE REQUESTED

>001065 H532154 0001 092602 10Z

ROBERT ANTHONY FOR BOARD OF HEALTH
103 OLD COLONY RD
WELLESLEY MA 02481-2809



Managing Your Accounts

| | | |
|--|-----------------|--------------------------------------------------------------------------------|
| | Client Service | (781) 235-2550 |
| | Mailing Address | 40 Central Street Wellesley, MA 02482-5806 |
| | Online Banking | www.wellesleybank.com |
| | Mobile Banking | www.wellesleybank.com/mobile |

Did you know? You can deposit checks anytime with our mobile deposit service.
Visit wellesleybank.com/mobile or contact us directly at (781) 235-2550 for more information.

Summary of Accounts

| Account Type | Account Number | Ending Balance |
|-----------------------|----------------|----------------|
| BUSINESS RELATION CKG | 41000290 | \$120.00 |

BUSINESS RELATION CKG - 41000290

Account Summary

| Date | Description | Amount |
|------------|-------------------------|----------|
| 03/01/2017 | Beginning Balance | \$120.00 |
| | 0 Credit(s) This Period | \$0.00 |
| | 0 Debit(s) This Period | \$0.00 |
| 03/31/2017 | Ending Balance | \$120.00 |

Account Activity

| Post Date | Description | Debits | Credits | Balance |
|------------|-----------------------------------|--------|---------|----------|
| 03/01/2017 | Beginning Balance | | | \$120.00 |
| | No activity this statement period | | | |
| 03/31/2017 | Ending Balance | | | \$120.00 |

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