



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

2/1/19

Ending Date: Feb 25, 2019

Type of Report: (Check one)

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

Thomas P Ahern

Candidate Full Name (if applicable)

Wellesley Planning Board - 5 Year Term

Office Sought and District

145 Great Plain Ave. Wellesley, MA 02482

Residential Address

E-mail: thomas@tpahern.com

Phone # (optional):

Friends of Tom Ahern

Committee Name

Connor Ahern

Name of Committee Treasurer

145 Great Plain Ave. Wellesley, MA 02482

Committee Mailing Address

E-mail: FTA@tpahern.com

Phone # (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

800

Line 3: Subtotal (line 1 plus line 2)

800

Line 4: Total expenditures this period (page 5, line 14)

343.72

Line 5: Ending Balance (line 3 minus line 4)

456.28

Line 6: Total in-kind contributions this period (page 6)

232

Line 7: Total (all) outstanding liabilities (page 7)

20

Line 8: Name of bank(s) used: Brookline Bank

687

RECEIVED  
TOWN CLERK'S OFFICE  
WELLESLEY MA 02482

### 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:

*Connor Ahern*

(Treasurer's signature)

Date: 2/25/19

### FOR CANDIDATE FILINGS ONLY: 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:

*Connor Ahern*

(Candidate's signature)

Date: 2/25/19

## 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)
Feb 15, 2019	Eli Burstein 25 patton Rd 02481	50	
Feb 16, 2019	Nina Villalba 5 Colgate Road, 02481	100	
Feb 17, 2019	Robin Steinberg 9 Spruce Park 02481	100	
Feb 20, 2019	Christine Farley 82 Pilgrim Rd 02481	50	
Feb 23, 2019	Tara Ciongoli 30 Greylock Rd 02481	100	
Feb 23, 2019	Vanessa Thomas 36 Donizetti Rd 02481	50	
Feb 23, 2019	Dean McCausland 36 Carver Rd 02481	100	
Feb 10, 2019	Thomas P Ahern 145 Great Plain Ave 02482	250	<i>Consultant, Five corners</i>
Line 9: Total Receipts over \$50 (or listed above)		650	
Line 10: Total Receipts \$50 and under* (not listed above)		150	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		800	← 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.

RECEIVED  
TOWN CLERK'S OFFICE  
WELLESLEY MA 02482  
2019 FEB 25 P 4:20

## **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.)

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

\* 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. Page 6

Page 6

**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.*

Enter on page 1, line

**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

687