



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN RECEIVED
WELLESLEY MA 02481
2024 APR -3 AM 8:58

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: 2/17/24

Ending Date: 3/25/24

Type of Report: (Check one)

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

Niki Brinkman Ofenloch

Candidate Full Name (if applicable)

School Committee

Office Sought and District

24 Sabrina Road, Wellesley, MA 02482

Residential Address

E-mail: nikiofenloch@gmail.com

Phone #: 617-676-7901

Niki Ofenloch for School Committee

Committee Name

Jennifer Mock

Name of Committee Treasurer

11 Arden Road, Wellesley, MA 02482

Committee Mailing Address

E-mail: jennifer.mock23@gmail.com

Phone #: 203-434-8916

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$1,966.42

Line 2: Total receipts this period (page 3, line 12)

\$155.47

Line 3: Subtotal (line 1 plus line 2)

\$2,121.89

Line 4: Total expenditures this period (page 5, line 15)

\$1,586.84

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

\$535.05

Line 6: Total in-kind contributions this period (page 6, line 18)

Line 7: Total (all) outstanding liabilities (page 7, line 19)

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

Line 9: Name of bank(s) used: Needham 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: Jennifer Mock

(Treasurer's signature)

Date: 4/1/24

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: Theresa B. O.

(Candidate's signature)

Date: 4/1/24

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. *4/24/24 024108*
APB
8:59
Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/28/24	Molly Bruni 15 Ingraham Road Wellesley, MA 02482	103.48	
3/4/24	Linda Chow 21 Lafayette Circle Wellesley, MA 02482	51.99	

Enter receipt totals on Page 3

SCHEDULE A: RECEIPTS (continued)

* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.

← Enter on page 1, line 2

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.*

2024 APR -3 AM 8:58

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/15/24	Constant Contact	1601 Trapelo Road Waltham, MA 02451	email messaging	58.44
3/3/24	Lowe's	850 Cicutuate Road Framingham, MA 01701	sign supplies	97.33
3/3/24	Michaels	1 Worcester Road Framingham, MA 01701	sign supplies	27.16
3/14/24	Niki Ofenloch	24 Sabrina Road Wellesley, MA 02482	Loan repayment	400
2/21/24	Our Town Publishing	74 Main Street Medway, MA 02053	yard signs	398.44
various	PayPal Fees	2211 N 1st Street San Jose, CA	sum of fees associated with donations for this reporting period	5.47
3/14/24	Wellesley Education Foundation	PO Box 812321 Wellesley, MA 02482	Donation	200
3/14/24	Wellesley Food Pantry	207 Washington Street Wellesley, MA 02481	Donation	200
3/14/24	Wellesley Scholarship Foundation	PO Box 81207 Wellesley, MA 02481	Donation	200

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

RECEIVED
TOWN CLERK'S OFFICE
WELLESLEY MA 02481
of Expenditure Amount

* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.

Line 13: Expenditures over \$50 (or listed above)

1586.84

Line 14: Expenditures \$50 and under (not listed above)

1100

Enter on page 1, line 4 →

Line 15: TOTAL EXPENDITURES IN THE PERIOD

1586.84

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.* 2014 APPENDIX A

~~AH 8:59~~

* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)

Line 17: In-Kind Contributions \$50 and under (not listed above)

Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Enter on page 1, line 7 →

Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)

0

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *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	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20:	Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 21:	Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		
Line 22:	TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8

Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50
(or listed above)

Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)

Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD

** If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.*

← Enter on page 1, line 8