



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE
WELLESLEY MA 02481
2024 APR -5 PM 3:13

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

Steven Park

Candidate Full Name (if applicable)

Natural Resources Commission

Office Sought and District

9 Lafayette Circle, Wellesley, MA 02482

Residential Address

E-mail: stevep33@gmail.com

Phone #: 617-970-2967

Elect Steven Park

Committee Name

Jonathan Flynn

Name of Committee Treasurer

31 Brook St, Wellesley, MA 02481

Committee Mailing Address

E-mail: jonflynn@me

Phone #: 671-694-8415

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

1475.91

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

120.00

Line 3: Subtotal (line 1 plus line 2)

1595.91

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

1067.72

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

528.19

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)

179.26

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:

Jonathan H. Flynn

(Treasurer's signature)

Date: 4/2/2024

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:

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. *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)
02/22/2024	Crawford, Lara; 15 Rice St, Wellesley, MA, 02481	20	Not employed
02/17/2024	Gelser, Erica; 20 Emerson Rd, Wellesley, MA, 02481	100	Not employed

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.*

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/22/2024	Square Capital, LLC	1955 Broadway, Ste 600, Oakland, CA 94612	Payment Processing Fees (for donations)	4.08
3/1/2024	Jennifer Bonniwell	108 Forest St, Wellesley, MA, 02482	See reimbursement form CPF MR1 for lawn signs	584.38
3/4/2024	Swellesley Report	44 S. Lincoln St, Wellesley, MA 02482	campaign advertising in The Swellesley Report	300.00
3/21/2024	Steve Park	9 Lafayette Circle, Wellesley, MA, 02482	repayment of loan (Schedule E: out of pocket expense)	179.26

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

** 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)

1063.64

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

4.08

Enter on page 1, line 4 →

Line 15: TOTAL EXPENDITURES IN THE PERIOD

1067.72

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.*

* 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 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD

0.00

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

0,00

Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD

0.00

Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD **0.00**

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)

0.00

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

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.*

** 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

*Schedule E is not for ballot question committee use.



Commonwealth
of Massachusetts

Form CPF M R 1: Itemization of Reimbursements Municipal Form

RECEIVED
WELLESLEY MA 02451
2024 APR -5 PM 3: 13

City or Town Clerk, or Local Election Official

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by candidate or committee check) should be the same as the amount shown on the reimbursement form.

		Date of Reimbursement: <input type="text" value="2/16/2024"/>
Name of Individual Being Reimbursed:		<input type="text" value="Jennifer Bonniwell"/>
Committee or Candidate Name:		<input type="text" value="Elect Steven Park"/>
		Telephone Number (optional): <input type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/1/2024	Connolly Printing	178 Gill St, Woburn, MA 01801	lawn signs and stands	584.38

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

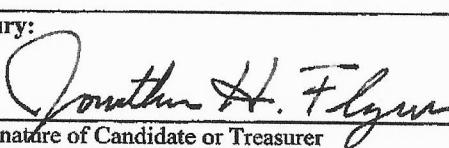
Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

Jonathan Flynn

Print Name


Signature of Candidate or Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the candidate or committee.

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Page 2 Total (add to Line 1 on Page 1):

0.00