



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

4/19/17  
Received  
Kathleen Nagay

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning Feb <sup>Month</sup> 17 <sup>Date</sup> 2017 <sup>Year</sup> Ending Mar <sup>Month</sup> 27 <sup>Date</sup> 2017 <sup>Year</sup>

**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)

Office Sought and District

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

Committee Mailing Address

Wellesley MA 02481

Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>20<sup>00</sup></u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>100<sup>00</sup></u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>120<sup>00</sup></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<sup>00</sup></u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>1,500<sup>00</sup></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

Robert Anthony

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 Old Colony Wellesley, MA	STAMPS Literature	\$1,500 <sup>00</sup>
		OCCUPATION: President, Adolescent Wellness, Inc.		
Line 15: In-kind over \$50				\$1,500 <sup>00</sup>
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				\$1,500 <sup>00</sup>

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-
Line 18: OUTSTANDING LIABILITIES (ALL)				\$0-

Enter on page 1, line 7



40 CENTRAL STREET  
WELLESLEY, MA 02482

ADDRESS SERVICE REQUESTED

>001065 4532154 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](http://www.wellesleybank.com)
- Mobile Banking [www.wellesleybank.com/mobile](http://www.wellesleybank.com/mobile)



Did you know? You can deposit checks anytime with our mobile deposit service.  
Visit [wellesleybank.com/mobile](http://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

1000/1000 167200 990100 4532154 0001/0001

