

## Municipal Form

## Office of Campaign and Political Finance

TOWN CLERK'S OFFICE ARTHNOTON, MA 02174

ill in Reporting Period dates: AM 10: Beginning Date:	January 1, 2021		April 2, 2021	k or Flection Commission	
ype of Report: (Check one)			***		
] 8th day preceding preliminary \ \ 3th day preceding electi	ion 30 day	after election ye	ear-end report	dissolution	
effrey D. Thielman	Commit	tee to Elect Jeff Thielma	The state of the s		
Candidate Full Name (if applicable)		Committee Name			
Chool Committee  Office Sought and District		Christine Power Thielman  Name of Committee Treasurer			
7 Coolidge Road, Arlington, MA 02476					
Residential Address	37 Cool	37 Coolidge Road, Arlington, MA 02476			
mail:jeff.thielman@gmail.com	E-mail:	Committee Mailing Address			
one # (optional): (781) 859-9099		E-mail: cpowerthielman@gmail.com Phone # (optional): (617) 571-5507			
SUMMARY BALA	ANCE INFO	RMATION:			
Line 1: Ending Balance from previous report	Line 1: Ending Balance from previous report		\$1,860.6	7	
Line 2: Total receipts this period (page 3, lin	Line 2: Total receipts this period (page 3, line 11)		\$200.0	0	
Line 3: Subtotal (line 1 plus line 2)			\$2,060.6	7	
Line 4: Total expenditures this period (page 5, line 14)			\$238.0	0	
Line 5: Ending Balance (line 3 minus line 4)		\$1,822.67		7	
Line 6: Total in-kind contributions this perio	Line 6: Total in-kind contributions this period (page 6)		\$0.00		
Line 7: Total (all) outstanding liabilities (page 7)		\$0.00		0	
Line 8: Name of bank(s) used: Leader Bank					
retrify that I have examined this report including attached schedules and it is, to the strictly that I have examined this report including attached schedules and it is, to the strictly, including all contributions, loans, receipts, expenditures, disbursements, in mance activity of all persons acting under the authority or on behalf of this commit is gned under the penalties of perjury:  OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check Candidate with Committee  I certify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report including attached schedules and it is, activity that I have examined this report including attached schedules and it is,	ck 1 box only)  is, to the best of my known accordance with porting period that are, to the best of my known to the best of my	nd liabilities for this reporting th the requirements of M.G.L.  (Treasurer's signature)  owledge and belief, a true and the requirements of M.G.L. e. e not otherwise disclosed in thi  owledge and belief, a true and	period and represence. 55.  Date:  complete statement 55. I have not receis report.	of all campaign finance ived any contributions,	
finance activity, including contributions, loans, receipts, expenditures, disburse campaign finance activity of all person acting under the authority or on behalf and under the penalties of perjury:	ements, in-kind contr f of this candidate in	ibutions and liabilities for this accordance with the requirement (Candidate's signature)	ents of M.G.L. c. 55	id represents the	

## 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)		
anuary 3, 2021	Mary Winstanley O'Connor 781 Concord Turnpike Arlington, MA 02476	\$200	Attorney. Employer Name: Krattenmaker O'Connor & Ingber, P.C.		
ine 9: Total Receip	pts over \$50 (or listed above)				
inc-10:-Total-Recei	pts-\$50 and under* (not-listed above)				
ine II: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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.)

To Whom Paid **Date Paid** (alphabetical listing) Address Purpose of Expenditure Amount Postmaster - Boston U.S. Postal Service Stamps 10 Court Street April 1, 2021 \$258.00 Arlington, MA 02474 Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under\* (not listed above) Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD-

<sup>\*-</sup>If-you-have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				<u> </u>
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions S50 & under (not listed above)		
	Enter on mage 1. line 6 ->	Line 17: TOTAL IN-KIND (	<u></u>	F

<sup>\*</sup> 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.

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1.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well : those liabilities incurred during this reporting period.

ate Incurred	To Whom Due	Address Purpose		Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	Page-7