

FILE COPY



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF WALTHAM
CITY CLERK'S OFFICE

2015 DEC -3 A 9:55

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

10-17-15

Ending Date:

12-31-15

Type of Report: (Check one)

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

Patrick J. O'Brien
Candidate Full Name (if applicable)

Councillor-at-Large
Office Sought and District

95 Wethersbee Road
Residential Address MA 02453
Waltham

Telephone Number (optional): 781-891-5239

Patrick O'Brien Committee
Committee Name

Eugene F. O'Brien
Name of Committee Treasurer

95 Ravenswood Road
Committee Mailing Address MA 02453
Waltham

Telephone Number (optional): 781-899-3543

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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

1650

Line 3: Subtotal (line 1 plus line 2)

1650

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

1650

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

0

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

0

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

3889

Line 8: Name of bank(s) used:

Rockland Trust

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:

Eugene O'Brien Sr.

(Treasurer's signature)

Date: 12/3/15

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:

Eugene O'Brien Sr.

(Candidate's signature)

Date: 12/3/15

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)
10-30-15	Wayne F. Drasco - Wal 273 Moody St 02453	100	
10-29-15	Vincent P.A. Failla 976 Main St - Wal 02451	100	
10-31-15	Gene + Joanna L'Heureux - Seelack. 69 Corleen Dr. MA 02771	100	
11-1-15	Lisa Nace-Kearney 19 Bladestone Tld No. Billerica, MA 01862	100	
11-1-15	John Moore 02493 245 Boston Post Rd - Waltham	100	
11-1-15	Patrick O'Brien 95 Wetherbee Rd	220	
10-29-15	Ernie + Robin Palazzo 40 Wetherbee Tld - Wal 02453	100	
11-1-15	John + Fiona Reardon 73 Clark St - Wal 02451	100	
11-1-15	Anne F. Shinnery - No. Weymouth 243 Wessagussett Rd	100	
	02191		
11-1-15	Geoffrey + Margaret Wall		
	79 Livingston Circle Needham MA 02498	100	

Line 9: Total Receipts over \$50 (or listed above)

1120

Line 10: Total Receipts \$50 and under* (not listed above)

530

Line 11: TOTAL RECEIPTS IN THE PERIOD

1650

← 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← 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.

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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11-21-2015	Wayne McCarthy	28 Edison Road Waltham, MA 02455	3,000 flyers	\$700
11-1-2015	Kathryn O'Brien	95 Wetherhead Rd Waltham, MA 02455	Reimbursement Med Raven	\$950
			Fundraiser	
Line 12: Total Expenditures over \$50 (or listed above)				1650
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1650

Enter on page 1, line 4 →

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

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 on page 1.

[illegible]

* 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.

[illegible]



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

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 committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		11-1-15
Name of Individual Being Reimbursed:	Kathryn O'Brien	
Committee Name:	Patrick O'Brien Committee	
CPF ID Number (if applicable):		Telephone Number (optional): 781-891-5239

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11-1-15	Kathryn O'Brien	95 Wetherbee Rd Waltham MA 02457	Mad Raven 841 Main St Waltham MA 02451	950
			Fundraiser Event	

(Include items listed on Page 2) →

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

950

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

0

Line 3: TOTAL AMOUNT REIMBURSED:

950

Signed under the penalties of perjury:

[Signature]
Signature of Candidate/Treasurer

Date:

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

ITEMIZE EXPENDITURES IN EXCESS OF \$50[illegible]