



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1/25/2019

Ending Date:

4/1/2019

DATE NOMINATION SIGNATURES
CERTIFIED

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

THOMAS FREDERICK WALLACE

Candidate Full Name (if applicable)

LYNNFIELD PLANNING BOARD

Office Sought and District

14 RYAN RD, LYNNFIELD, MA 01900

Residential Address

E-mail: swimbos@gmail.com

Phone # (optional):

N/A

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

N/A

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

pg 2 + 3

\$ 2106.54

Line 3: Subtotal (line 1 plus line 2)

\$ 2106.54

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

page 4 line 14 plus

\$ 2106.54

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)

0

Line 8: Name of bank(s) used:

N/A

Affidavit of Committee Treasurer: N/A

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)

Date:

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:

Thomas F Wallace

(Candidate's signature)

Date:

3/29/19

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)
01/25/19	Self-financed: Thomas Wallace 14 Ryan Rd Lynnfield, MA 01940	\$25.42	Self-financed by candidate
02/01/19	THOMAS WALLACE 14 RYAN RD LYNNFIELD, MA 01940	\$51.93	self-financed by candidate
02/10/19	THOMAS WALLACE 14 RYAN RD LYNNFIELD, MA 01940	\$49.80	Self-financed by candidate
02/15/19	THOMAS WALLACE 14 RYAN RD LYNNFIELD MA 01940	\$317.69	self-financed by candidate USAF (retired) & CHARLES RIVER AQUATICS Executive Director
02/19/19	THOMAS WALLACE 14 RYAN RD LYNNFIELD MA 01940	\$48.47	Self-financed by candidate
02/23/19	THOMAS WALLACE 14 RYAN RD LYNNFIELD, MA 01940	\$78.18	self-financed by candidate
03/04/19	THOMAS WALLACE 14 RYAN RD LYNNFIELD, MA 01940	\$105.00	self-financed by candidate
03/11/19	THOMAS WALLACE 14 RYAN RD LYNNFIELD, MA 01940	\$175.00	self-financed by candidate
03/11/19	THOMAS WALLACE 14 RYAN RD LYNNFIELD, MA 01940	\$188.14	Self financed by candidate
03/17/19	THOMAS WALLACE 14 RYAN RD LYNNFIELD, MA 01940	\$78.26	self-financed by candidate
03/17/19	THOMAS WALLACE 14 RYAN RD LYNNFIELD, MA 01940	\$396.42	self-financed by candidate USAF (retired) & Executive Director, Charles River Aquatics
03/21/19		\$104.23	Self-financed by candidate
Line 9: Total Receipts over \$50 (or listed above)		\$1618.54	
Line 10: Total Receipts \$50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1618.54	← 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)
03/26/19	THOMAS WALLACE 14 RYAN RD LYNNFIELD, MA 01940	\$280.00	self-financed by candidate USAF (retired) & Executive Director, Charles River Aquatics
03/28/19	THOMAS WALLACE 14 RYAN RD LYNNFIELD, MA 01940	\$208.00	self-financed by candidate USAF (retired) & Executive Director, Charles River Aquatics
Line 9: Total Receipts over \$50 (or listed above)		\$488.00	<p>P92 \$1618.54 + P93 \$488.00 = \$2106.54</p> <p>← Enter on page 1, line 2</p>
Line 10: Total Receipts \$50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$488.00	

* 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
02/23/19	48HourPrint.com	on-line 48HourPrint.com	Postcards	\$78.18
03/17/19	48HourPrint.com	on-line 48HourPrint.com	Postcards	\$78.26
03/21/19	48HourPrint.com	on-line 48HourPrint.com	Postcards	\$104.23
02/19/19	Buildasign.com	on-line Buildasign.com	MAGNETIC BUMPER STICKERS	\$48.47
03/21/19	ESSEX MEDIA GROUP	110 MUNROE ST LYNN, MA 01901	Advertisement in Lynnfield Weekly	\$208.00
03/11/19	NEXT DAY FLYERS.com	on-line Buildasign.com	Door HANGERS	\$188.14
02/15/19	SignsOnTheCheap.com	on-line SignsOnTheCheap.com	Campaign yard signs + wire stakes	\$317.69
03/17/19	SIGNS ON THE CHEAP.com	on-line SignsOnTheCheap.com	Campaign yard signs + wire stakes	\$396.42
03/04/19	U.S. POST OFFICE	U.S. POST OFFICE 47 Harvard Ave Allston, MA 02134	Postcard stamps	\$105.00
03/11/19	U.S. POST OFFICE	U.S. POST OFFICE 598 SALEM ST LYNNFIELD, MA 01940	Postcard stamps	\$175.00
03/26/19	U.S. POST OFFICE	US POST OFFICE 47 Harvard Ave Allston, MA 02134	POSTCARD STAMPS	\$280.00
01/25/19	ZAZZLE.COM	on-line Zazzle.com	BUTTONS	\$25.42
Line 12: Total Expenditures over \$50 (or listed above)				\$2004.81
Line 13: Total Expenditures \$50 and under* (not listed above)				—
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$2004.81

* 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]

Line 12: Expenditures over \$50 (or listed above)

101.73

Line 13: Expenditures \$50 and under* (not listed above)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

10173

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

FROM PAGE 4 2004 81
FROM PAGE 5 101 73

TOTAL \$ 2106 34

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
N/A				
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	\$

* 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
N/A				
Enter on page 1, line 7 →		Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		0