

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| EIII: D. d. D. t. t. | File with: City or Town Clerk or Election Commissio |
|--|---|
| Fill in Reporting Period dates: Beginning Date: 03/ | 04/2025 Ending Date: 03/21/2025 |
| Type of Report: (Check one) | |
| 8th day preceding preliminary 8th day preceding election | 30 day after election year-end report dissolution |
| Kenneth G. Buckley | |
| Candidate Full Name (if applicable) Planning Board, Needham, MA | Committee Name |
| Office Sought and District 221 Warren Street, Needham, MA 02492 | Name of Committee Treasurer |
| Residential Address E-mail: kenbuckley.needham@gmail.com | Committee Mailing Address E-mail: |
| Phone #: 781-820-6240 | Phone #: |
| SUMMARY BALANC | T INFODMATION. |
| | |
| Line 1: Ending Balance from previous report | \$0 |
| Line 2: Total receipts this period (page 3, line 12) | \$0 |
| Line 3: Subtotal (line 1 plus line 2) | \$0 |
| Line 4: Total expenditures this period (page 5, line 15) | \$0 |
| Line 5: Ending Balance (line 3 minus line 4) | \$0 |
| Line 6: Total in-kind contributions this period (page 6, | line 18) \$586.91 |
| Line 7: Total (all) outstanding liabilities (page 7, line 1 | 9) \$0 |
| Line 8: Total out-of-pocket expenses this period (page | \$, line 22) \\$0 |
| Line 9: Name of bank(s) used: | |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury: | of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo | (11 data de la Signaturo) |
| Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee I certify that I have examined this report including extended to the line of the committee. | best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report. |
| finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of thi Signed under the penaltics of perjury: | in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55. (Candidate's signature) Date: 3/3/12.5 |

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 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 D 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 | |
|---------------|--|-----|--------------------------------------|--|
| | None | | (for contributions of \$200 or more) | |
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SCHEDULE A: RECEIPTS (continued)

| | Name and Residential Address | | Occupation & Employer |
|----------------------|---------------------------------|--------|--|
| Date Received | (alphabetical listing required) | Amount | (for contributions of \$200 or more) |
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| Line 10: Total Recei | pts over \$50 (or listed above) | \$0 | * If you have itemized receipts of \$50 and |
| | | | under, include them in line 10. Line 11 |
| | | \$0 | should include only those receipts not itemized above. |
| Line 12: TOTAL R | ECEIPTS IN THE PERIOD | \$0 | ← Enter on page 1, line 2 |
| | | | Anter on page 1, time 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.

| | To Whom Paid | | | |
|---------------------|------------------------|---------|------------------------|--|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
| | None | | | |
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SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|---|--|---|------------------------|--------|
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| * If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 | | \$0 | | |
| should includ | de only those expenditures not itemized above. | Line 14: Expenditures \$50 and under (not listed above) | | \$0 |
| Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD | | | \$0 | |

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 and a page without a page and a page and a page of a page without a page and a page of
| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|---|--|--|--------------------------------|----------|
| 03/04/25 | Kenneth G. Buckley | 221 Warren Street Needham, MA 02492 | Payment for Yard Signs | \$350.00 |
| 03/08/25 | Kenneth G. Buckley | 221 Warren Street Needham, MA 02492 | Copying at Staples | \$20.18 |
| 03/09/25 | Kenneth G. Buckley | 221 Warren Street Needham, MA 02492 | Postcards printing at Staples | \$216.73 |
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| \$50 and under, | itemized in-kind contributions of include them in line 16. Line 17 | Line 16: In-Kind Contributions over \$50 (or listed above) | | \$586.9 |
| should include only those expenditures not itemized above. Enter on page 1, line 6 → | | Line 17: In-Kind Contributions \$5 | 0 and under (not listed above) | \$0 |
| | | Line 18: TOTAL IN-KIND CONT | \$586.91 | |

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.

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|--|-------------|---------|-------------------------|--------|
| | None | | | |
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| Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL) | | | \$0 | |