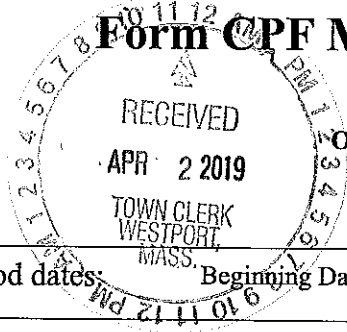




Commonwealth of Massachusetts

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: Jan. 3, 2019 Ending Date: April 1, 2019

Type of Report: (Check one)

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

Tanja Elisabeth Ryden
Candidate Full Name (if applicable)

Board of Health, Westport
Office Sought and District

34 Fallon Dr., Westport
Residential Address

Telephone Number (optional): 508-636-7399

Committee to Elect Tanja Ryden
Committee Name

Thomas J. Peirce
Name of Committee Treasurer

34 Fallon Dr., Westport MA 02790
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 2, line 11)	<u>\$ 3875.-</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 3875.-</u>
Line 4: Total expenditures this period (page 3, line 14)	<u>1825.10</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2049.90</u>
Line 6: Total in-kind contributions this period (page 4)	<u>\$ 22.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	<u>\$ 454.29</u>
Line 8: Name of bank(s) used:	<u>Westport Federal Credit Union</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: [Signature] (Treasurer's signature) Date: 4-1-19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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

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's signature) Date: _____

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)
2/5/19	Roseanne Aresty 1444 Flaeger Dr Mamaroneck, NJ	\$150	
2/8/19	Jane Brayton 674 Inverness Ct. New Smyrna Beach, FL	\$100	
2/6/19	Gioia Browne 79 Peckham Rd. Little Compton, RI	\$100	
2/20/19	John Bullard 5 Nick's Way Westport, MA	\$125	
1/20/19	Laurie Bullard 5 Nick's Way Westport Pt, MA	\$125	
2/6/19	Elizabeth Cox 9 Clement Circle Cambridge, MA	\$125	
1/31/19	Dave Dinnre 153 Davis Rd Westport, MA	\$100	
2/13/19	Stephon Fletcher 42 Drift Rd Westport, MA	\$100	
2/6/19	David Forney 9 Clement Circle Cambridge, MA	\$125	
1/20/19	Constana Gice 424A River Rd. Westport, MA	\$100	
2/6/19	Dan George 856 Drift Rd. Westport, MA	\$100	
1/20/19	Wendy Goldberg 1643 Main Rd. Westport Pt, MA	\$100	
Line 9: Total Receipts over \$50 (or listed above)			cont. m p. 2
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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/6/19	Paul Heywood 2 Highridge Rd. Westport, MA	\$100	
1/27/19	Cynthia Jeffrey 7 Harry Gibbs Ln. Westport, MA	\$200	painter, self-employed
1/28/19	John E. Miller 5 Windward Way Westport, MA	\$100	
2/15/19	Joe Mullaney 20 Beachside Dr. #302 Vero Beach, FL	\$100	
1/18/19	Donna Parisi 70 Wotuppa Rd. Westport, MA	\$200	nurse, not currently employed
2/15/19	Andrea Pawning 20 Beachside Dr. #302 Vero Beach, FL	\$100	
2/11/19	Thomas Robinson 285 Old Harbor Rd. Westport, MA	\$100	
1/18/19	Tanja Ryden 34 Fallon Dr Westport, MA	\$220	consultant, self-employed
2/6/19	Tom + Kate Schmitt 28 Whistler Pt. Rd. Westport, MA	\$100	
2/11/19	Eileen Sheehan 668 River Rd. Westport, MA	\$200	business owner, Able Assoc.
1/20/19	Betty Slade 2037 Main Rd. Westport, MA	\$100	
2/28/19	Paul Strecker 55 Bridge St. Westport, MA	\$100	
2/8/19	Susan Watson 3317 N St. NW Washington, DC	\$100	
Line 9: Total Receipts over \$50 (or listed above)		\$3070	
Line 10: Total Receipts \$50 and under* (not listed above)		805	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$3875	← 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
2/14/19	Express Printing	102 County St. Fall River	150 campaign signs 500 palm cards.	\$796.88
3/20/19	Catchonae Media	175 Sullys Trail Pittsford, NY	30,000 impressions online newspaper ads	\$325.00
3/28/19	Office Max	388 State Rd. N. Dartmouth, MA	Printer ink + 750 labels	\$57.35
2/15/19	Target	Rte. 6 N. Dartmouth, MA	printer ink B/W + color	\$83.91
1/28/19	USPS	529 Old County Rd. Westport, MA	100 stamps	\$55.00
3/29/19	USPS	State Rd. Westport, MA	700 stamps	\$385.00
Line 12: Total Expenditures over \$50 (or listed above)				\$ 1703.14
Line 13: Total Expenditures \$50 and under* (not listed above)				121.96
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$1825.10

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

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
* 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.				
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				\$ 22.00
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				\$ 22.00

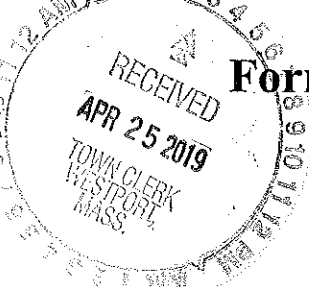
SCHEDULE D: LIABILITIES

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
3/18/19	Wendy Goldberg	1643 Main Rd. Westport, MA	reimbursement for envelopes + pens (Office Max)	\$ 121.58
3/18/19	Kathy Feininger	34 Westlook Ln. Westport, MA	reimbursement for 100 campaign buttons (PVC Buttons)	\$ 46.10
3/25/19	Betty Slade	2037 Main Rd. Westport Pt., MA	Reimbursement for Shorelines newspaper insert	\$ 216.00
various	Tanja Ryden	34 Fallon Dr. Westport, MA	reimbursement for various miscellaneous campaign expenses	\$ 70.61
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				\$ 454.29



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: April 2, 2019 Ending Date: May 10, 2019

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Tanja Elisabeth Ryden
Candidate Full Name (if applicable)
Board of Health, Westport
Office Sought and District
34 Fallon Dr, Westport
Residential Address
Telephone Number (optional): 508-636-7399

Committee to Elect Tanja Ryden
Committee Name
Thomas J. Peirce
Name of Committee Treasurer
34 Fallon Dr, Westport, MA 02790
Committee Mailing Address
Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2049.90</u>
Line 2: Total receipts this period (page 2, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2049.90</u>
Line 4: Total expenditures this period (page 3, line 14)	<u>1457.50</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>592.40</u>
Line 6: Total in-kind contributions this period (page 4)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Westport Federal Credit Union</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: T. Peirce (Treasurer's signature) Date: Apr 23, 19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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

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's signature) Date: _____

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
4/9/19	Bittersweet Farm	438 Main Rd. Westport, MA	election night party catering	\$807.45
4/11/19	Kathy Feininger	37 Westlook Ln. Westport, MA	reimbursement for campaign buttons	46.10
4/11/19	Wendy Erolaberg	1643 main rd. Westport Pt., MA	reimbursement for envelopes + pens	121.58
4/3/19	Graphic Plus	52 Queen St. Fall River, MA	850 copies of letter	\$93.50
4/23/19	Tanja Ryden	34 Fallon Dr. Westport, MA	reimbursement for misc. purchases	\$70.61
4/11/19	Betty Slade	2037 main rd Westport Pt., MA	reimbursement for shorelines insert	\$216.00
Line 12: Total Expenditures over \$50 (or listed above)				1355.24
Line 13: Total Expenditures \$50 and under* (not listed above)				102.26
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1457.50

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

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
* 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.				
Enter on page 1, line 6 →				
Line 15: In-Kind Contributions over \$50 (or listed above)				○
Line 16: In-Kind Contributions \$50 & under (not listed above)				○
Line 17: TOTAL IN-KIND CONTRIBUTIONS				○

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
Enter on page 1, line 7 →				
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				○