



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:

4/30/25

Ending Date:

6/16/25

Type of Report: (Check one)

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

John T Mahoney Jr.
Candidate Full Name (if applicable)

Selectboard - Plymouth
Office Sought and District

8 Whiting St.
Residential Address

E-mail: *CE*
Phone #: *3:25*

Elect Mahoney Committee
Committee Name

John T Mahoney Jr.
Name of Committee Treasurer

8 Whiting St.
Committee Mailing Address

E-mail: _____
Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$6,144.78

Line 2: Total receipts this period (page 3, line 12)

\$2,146.67

Line 3: Subtotal (line 1 plus line 2)

\$8,291.45

Line 4: Total expenditures this period (page 5, line 15)

\$4,785.87

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

\$4,506.38

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

0

Line 9: 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:

(Treasurer's signature)

Date:

6/30/25

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 that are not otherwise disclosed in this report.

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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date:

6/30/25

SCHEDULE A: RECEIPTS

4.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 over \$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. 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 (for contributions of \$200 or more)
5/25	FRANK DROLET 25 Main St, Kingston	\$100	
5/25	Phil Ladd, 14 River Birchway	\$108	
5/25	James Kimball 15 R River St	\$100	
5/25	Tim Atkins Quincy, MA	\$196.05	
5/25	Margaret Sheehan Lyme, New Hampshire	\$1900.50	retired
6/18	Local 7 Ironworkers 195 Old Colony Ave, South Boston	\$1500	trade union
6/18	Maureen Kastner, Hudson 233 Cheshire Rd, Ohio	\$100	
6/18	Monica Mullin P.O. Box 1753 Monomoy, MA	\$140.12	

SCHEDULE A: RECEIPTS (continued)

Line 10: Total Receipts over \$50 (or listed above)

2096.67

* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.

Line 11: Total Receipts \$50 and under (not listed above)

50

Line 12: TOTAL RECEIPTS IN THE PERIOD

(812) 466-67

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES (continued)

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Line 13: Expenditures over \$50 (or listed above)

84,285.07

Line 14: Expenditures \$50 and under (not listed above)

3

Enter on page 1, line 4 →

Line 15: TOTAL EXPENDITURES IN THE PERIOD

(8) 4,285,07