



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK
BRAintree, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2019 OCT 29 29/1/19 Ending Date: 10/28/19

Type of Report: (Check one)

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

Shawn C. Cody
Candidate Full Name (if applicable)

Town Council - District 3
Office Sought and District

58 Marietta Ave, Braintree
Residential Address

E-mail: scc4d3@gmail.com

Phone # (optional): _____

CTE Shawn Cody
Committee Name

Michelle Fanning
Name of Committee Treasurer

58 Marietta Ave
Committee Mailing Address

E-mail: scc4d3@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 0.00
Line 2: Total receipts this period (page 3, line 11)	\$ 2,360.00
Line 3: Subtotal (line 1 plus line 2)	\$ 2,360.00
Line 4: Total expenditures this period (page 5, line 14)	\$ 153.95
Line 5: Ending Balance (line 3 minus line 4)	\$ 2,206.05
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	<u>Citizens Bank</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: Michelle Fanning (Treasurer's signature) Date: 10-28-19

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: Shawn Cody (Candidate's signature) Date: 10-28-19

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)
9/12/19	Martin Mulkerrin 21 Sunnyside Ln. Braintree MA, 02184	\$50	
9/12/19	Paul Casey 56 Bay State Cir Abington MA 02357	\$30	
9/12/19	Michael Macqueen 62 Catherine Dr. Abington MA, 02357	\$30	
9/12/19	Thomas Tassinari 142 Wonsworth St East Boston MA, 02128	\$50	
9/13/19	James Coughlin 36 Nella Road Dedham MA, 02026	\$250	Fischbach and Moore Electric Group
9/24/19	Edward Marelle	\$100	
9/24/19	Jan Marie Hagen 221 Sherman St Canton MA, 02021	\$40	
10/3/19	Edward Marelle 413 MONPONSETT ST Hanson MA, 02341	\$100	
10/8/19	Anthony Agnitti 28 Highland Ave E Braintree MA, 02184	\$250	Agnitti Insurance
9/12/19	Barbara Daly 10 Richard Street Foxborough MA, 02035	\$50	
9/12/19	Kathleen McLayllin 5 Charles Samuel Way Foxborough MA, 02035	\$50	
9/12/19	Joanne Scaramuzzo 88 Lincoln St Dedham MA, 02026	\$50	
Line 9: Total Receipts over \$50 (or listed above)		\$850	
Line 10: Total Receipts \$50 and under* (not listed above)		\$100	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$950	← 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)
9/12/19	John Fanning 10 Thurston St Boston MA, 02128	\$ 50	
9/12/19	Michelle Fanning 10 Thurston St. Boston MA,	\$ 50	
9/12/19	Casey Fanning 10 Thurston St Boston MA, 02128	\$ 50	
9/12/19	Katelynn Cali 10 Thurston St Boston MA, 02128	\$ 50	
9/12/19	Brandon Cali 10 Thurston St Boston MA, 02128	\$ 50	
9/12/19	Samantha Gandolfo 34 Elm St Boston MA, 02129	\$ 50	
9/12/19	Evelyn Gandolfo 36 Elm St Boston MA, 02129	\$ 50	
9/12/19	Diane Boucher 135 High St Boston MA, 02129	\$ 50	
9/12/19	Leo Boucher 135 High St Boston MA, 02129	\$ 50	
9/12/19	Meghan Fanning 60 C Washington Park Dr. Andover MA, 01810	\$ 50	
9/12/19	Thomas Paolera 60 C Washington Park Dr Andover MA, 01810	\$ 50	
9/12/19	Catherine Daly 10 Richard St Foxborough MA, 02035	\$ 50	
9/12/19	William Daly 10 Richard St Foxborough MA, 02035	\$ 50	
Line 9: Total Receipts over \$50 (or listed above)		\$ 650	
Line 10: Total Receipts \$50 and under* (not listed above)		\$ 0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 650	← 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)
9/12/19	Denise Cody 58 Marietta Ave Braintree MA, 02184	\$ 50	
9/12/19	Joseph Cody 58 Marietta Ave Braintree MA, 02184	\$ 50	
9/12/19	Nicholas Cody 58 Marietta Ave Braintree MA, 02184	\$ 50	
9/12/19	Kristin Barnes 308 Shaw St Braintree MA, 02184	\$ 50	
9/12/19	Keith Barnes 308 Shaw St Braintree MA, 02184	\$ 50	
9/12/19	Debbie Barnes 308 Shaw St Braintree MA, 02184	\$ 50	
9/12/19	Mary T. Cody 63 Parkside Ave Braintree MA, 02184	\$ 50	
9/12/19	Mary M. Cody 63 Parkside Ave Braintree MA, 02184	\$ 50	
9/12/19	Joseph H. Cody 63 Parkside Ave Braintree MA, 02184	\$ 50	
9/12/19	Jack Kearns 80 Braziano Dr. Braintree MA, 02184	\$ 50	
9/12/19	Beth Kearns 80 Braziano Dr. Braintree MA, 02184	\$ 50	
9/12/19	Cassandra Kearns 80 Braziano Dr. Braintree MA, 02184	\$ 50	
9/12/19	James Gandolfo 34 Elm St Boston MA, 02129	\$ 50	

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 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/12/19	Arthur Sordello 402 Sherwood Forest Ln Saugus MA, 01906	\$40	
9/12/19	Dyana Virgilio 402 Sherwood Forest Ln Saugus MA, 01906	\$40	
9/12/19	Catherine Burke 3 Summit Pr. Reading MA, 01867	\$30	

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
10/3/19	Delux Bus Systems	unknown	Campaign Checks	\$ -43.63
10/19/19	Southside Tavern	941 Washington St Braintree MA, 02184	Volunteer Thank You Lunch	\$ -83.78
10/25/19	Staples	757 Gallivan Blvd. Dorchester MA, 02122	Mailing Supplies	\$ 26.54
Line 12: Total Expenditures over \$50 (or listed above)				\$ 83.78
Line 13: Total Expenditures \$50 and under* (not listed above)				\$ 70.17
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$ 153.95

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

Southside Tavern
941 Washington Street
Braintree, MA

Server: Leah DOB: 10/19/2019
01:33 PM 10/19/2019
Tom/1 4/40022

SALE

VISA 4194313
Card #XXXXXXXXXXXX9264
Magnetic card present: CODY C T E SHAWN
Card Entry Method: S

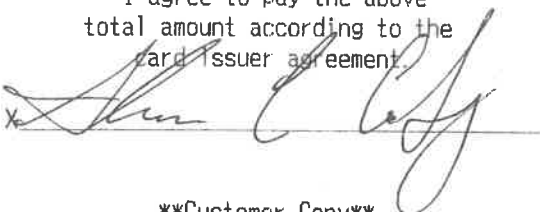
Approval: 125049

Amount: \$68.78

+ Tip: \$ 15.00

= Total: \$ 83.78

I agree to pay the above
total amount according to the
card issuer agreement.



Customer Copy

STAPLES

757 Gallivan Blvd
Dorchester, MA 02122
(617) 436-0770

SALE 1947714 1 001 01603
0295 10/25/19 01:34

QTY	SKU	PRICE
1	ENVELOPE PULL & SE 718103264464	9.99
1	AVY 1X2 5/8 IJ LBL 072782081607	14.99
SUBTOTAL		24.98
Standard Tax 6.25%		1.56
TOTAL		\$26.54

US DEBIT USD\$26.54

Card No.: XXXXXXXXXXXX9264 [C]

Chip Read

Auth No.: 661630

A.I.D.: A0000000980840

Verified By PIN

TOTAL ITEMS 2

Staples brand products.
Below Budget. Above Expectations.

THANK YOU FOR SHOPPING AT STAPLES !

Shop online at www.staples.com



[Order Search](#)

Order Confirmation ?

ORDER

Order Number 86263920

Customer Number 1659134601

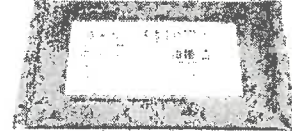
Routing Number 211070175

Account Number XXXXXX1090

Estimated Order Total **\$43.63**

Order Date 09/28/19

SHIPPING METHOD AND PACKAGE STYLE MAY VARY



ITEM # 1:

Product Description Deluxe HS Traveller Check (59000HS, 590008), Blue Deluxe High Security, Original

Imprint
CAMPAIGN TO ELECT SHAWN CODY
58 MARIETTA AVE
BRAintree, MA 02184-1217

Shipping Method Standard Delivery - 14 Days

Shipping Address
CAMPAIGN TO ELECT SHAWN CODY
58 MARIETTA AVE
BRAintree, MA 02184-1217
USA

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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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

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

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

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