



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission **9:52**

Fill in Reporting Period dates: Beginning Date: 10/19/2019 Ending Date: 12/04/2019

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

Meredith Boericke
Candidate Full Name (if applicable)
Town of Braintree District 5 Councilor
Office Sought and District
59 Hobart Avenue Braintree, MA 02184
Residential Address
E-mail: mboericke@hotmail.com
Phone # (optional): 339-235-8807

Committee to Elect Meredith Boericke
Committee Name
Anne M. Murphy
Name of Committee Treasurer
59 Hobart Avenue Braintree, MA 02184
Committee Mailing Address
E-mail: mere4btreetreas@gmail.com
Phone # (optional): 781-843-9984

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	7774.75
Line 2: Total receipts this period (page 3, line 11)	705.00
Line 3: Subtotal (line 1 plus line 2)	8479.75
Line 4: Total expenditures this period (page 5, line 14)	3452.32
Line 5: Ending Balance (line 3 minus line 4)	5,027.43
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: 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: [Signature] (Treasurer's signature) Date: 11-3-2019

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: [Signature] (Candidate's signature) Date: 12/3/19

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)
11/08/2019	Becker, Karl 60 Calumet St Roxbury, MA 02120	10.00	Engineer - Third Iron LLC
10/28/2019	Boericke, Fred 528 Congress St Duxbury, MA 02332	100.00	not employed
11/15/2019	Butler, Lauren 300 Summer St #44 Boston, MA 02210	20.00	career counselor - Ben Franklin Institute
11/02/2019	Chisholm, Diane 49 Sagamore Street Braintree, MA 02184	100.00	not employed
10/24/2019	Everett, Cathleen 6 Grasshopper Ln Scituate, MA 02066	50.00	not employed
10/23/2019	Friedmann, Paul 615 South St Roslindale, MA 02131	100.00	teacher Brooke Charter School
10/19/2019	Hely, Charles 19 Lake Drive Needham, MA 02492	75.00	not employed
10/22/2019	Louvar, Kara 55 Kelley Dr Braintree, MA 02184	100.00	not employed
11/03/2019	McGinnis, Susan 23 Barry St Quincy, MA 02169	35.00	Nurse Practitioner - VAMC
10/23/2019	Michaud, Janet 15 Chet Way Scituate, MA 02066	50.00	not employed
10/24/2019	O'Grady, Cheryl 71 Forest Edge Plymouth, MA 02360	50.00	not employed
11/04/2019	Sheridan, Megan 26 Winshaw Rd Swampscott, MA 01907	15.00	marketing - Goodwin
Line 9: Total Receipts over \$50 (or listed above)		705.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		705.00	← 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)

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
12/04/2019	Act Blue	PO Box 441146 Somerville, MA 02144	contribution fee 10/19-12/4	20.97
10/20/2019	Casual Cup	911 Washington St Braintree MA 02184	election night deposit	75.00
11/05/2019	Casual Cup	911 Washington St Braintree MA 02184	catering - election night party	482.70
11/05/2019	Casual Cup	911 Washington St Braintree MA 02184	coffee polling sites for campaign	24.87
11/05/2019	Dunkin Donuts	240 Ivory St Braintree MA 02184	donuts polling sites - campaign	25.38
11/02/2019	Papa Ginos	240 Grove Street Braintree, MA 02184	pizza - pre election campaign work	47.39
11/28/2019	Patch Braintree		Online Braintree patch advertising	1500.00
10/22/2019	Printing Unlimited	63 Plymouth St Holbrook, MA 02343	banners, cards, mail prep	1065.77
10/30/2019	Staples	500 Grossman Dr Braintree, MA 02184	Campaign Supplies 10/30, 11/1, 11/2, 11/3	105.12
Line 12: Total Expenditures over \$50 (or listed above)				<input type="text"/>
Line 13: Total Expenditures \$50 and under* (not listed above)				<input type="text"/>
Line 14: TOTAL EXPENDITURES IN THE PERIOD				3452.32

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 above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD	

* 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 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
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				0.00

Enter on page 1, line 6 →

* 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. Page 6

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)** 0.00