



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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2020 FEB 25 AM 7:10
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 12/6/19 Ending Date: 12/31/19

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

Charles B. Ryan
Candidate Full Name (if applicable)

Braintree Town Council, Councilor at Large
Office Sought and District

24 Conrad St, Braintree, MA. 02184
Residential Address

Telephone Number (optional): _____

The Ryan Committee
Committee Name

Coleen Ryan
Name of Committee Treasurer

24 Conrad St, Braintree, MA. 02184
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>\$ 7,415.18</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 750.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 8,165.18</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 197.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 7,968.18</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\$ 0.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$ 241.46</u>
Line 8: Name of bank(s) used:	<u>Bank of America.</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: Coleen Ryan (Treasurer's signature) Date: 2/21/19 2020

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: _____ (Candidate's signature) Date: 2-21-19 2020

2019 SCHEDULE A RECEIPTS - YEAR END - THE RYAN COMMITTEE

Date	Name	Street	City	State	Zip Code	Amount
12/13/2019	PLUMBERS & GASFITTERS LOCAL 12	1240 MASSACHUSETTS AVE	DORECHESTER	MA	02125	\$250.00
12/21/2019	NAGE	159 BURGIN PARKWAY	QUINCY	MA	02169	\$500.00
Total:						\$750.00

2019 SCHEDULE B EXPENDITURES - YEAR END - THE RYAN COMMITTEE

DATE	TO WHOM PAID	ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
12/5/2019	FOOTLOCKER	250 GRANITE ST, BRAINTREE, MA 02184	BRAINTREE XMAS PARTY GIFT	\$ 25.00
12/5/2019	GRANITE GRILLE	703 GRANITE ST, BRAINTREE, MA 02184	BRAINTREE XMAS PARTY	\$ 52.80
12/6/2019	MARKET BASKET	170 EVERETT AVE, CHELSEA, MA 02150	CAMPAIGN FOOD	\$ 24.20
12/30/2019	TUXEDO TIME	8 ELM ST, BRAINTREE, MA 02184	BRAINTREE INAUGURAL BALL	\$ 95.00
			TOTAL:	\$ 197.00

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
	<i>NA</i>			

Line 15: In-Kind Contributions over \$50 (or listed above)

Line 16: In-Kind Contributions \$50 & under (not listed above)

Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS** *NA*

* 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
12/31/19	Charles Ryan	24 Conrad St. Braintree, MA 02184	Campaign Phone	\$241.46

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

\$241.46