



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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BRAINTREE, MA

2020 JAN 21 AM 8:35  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 12/05/2019 Ending Date: 12/31/2019

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	5027.43
Line 2: Total receipts this period (page 3, line 11)	65.00
Line 3: Subtotal (line 1 plus line 2)	5092.43
Line 4: Total expenditures this period (page 5, line 14)	41.25
Line 5: Ending Balance (line 3 minus line 4)	5051.18
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: 01-20-2020

**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: 1/20/2020

## 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)
12/08/2019	Becker, Karl 60 Calumet St Roxbury Crossing, MA 02120	10.00	Engineer - third Iron LLC
12/15/2019	Butler, Lauren 300 Summer St #44 Boston, MA 02210	20.00	Career Counselor - Ben Franklin Institute of Tech
12/03/2019	McInnis, Susan 23 Barry Street Quincy, MA 02169	35.00	Nurse Practitioner - VAMC
<b>Line 9: Total Receipts over \$50 (or listed above)</b>			
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		65.00	← 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.









