



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK
BRAINTREE, MA

2021 JAN 19 AM 8:30

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2020 Ending Date: 12/31/2020

Type of Report: (Check one)

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

DAVID M. RINGIUS, JR.
Candidate Full Name (if applicable)
TOWN COUNCIL - AT LARGE
Office Sought and District
1074 WASHINGTON ST.
Residential Address BRAINTREE MA 02184
E-mail: _____
Phone # (optional): _____

THE COMMITTEE TO ELECT DAVID RINGIUS JR
Committee Name
DAVID M. RINGIUS
Name of Committee Treasurer
64 WYMAN RD.
Committee Mailing Address BRAINTREE MA 02184
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>3019.17</u>
Line 2: Total receipts this period (page 3, line 11)	<u>—</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3019.17</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>—</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3019.17</u>
Line 6: Total in-kind contributions this period (page 6)	<u>—</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>—</u>
Line 8: Name of bank(s) used:	<u>SOUTH SHORE 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: David M. Ringius (Treasurer's signature) Date: 1/19/2021

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: _____

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
<i>NONE</i>			
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 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
NONE				
Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			_____