

Form CPF 102 WTC: Campaign Finance Report Ward, Town and City Committees

Office of Campaign and Political Finance

File with: Director

Office of Campaign and Political Finance

3671 ACT 25 PM 4: 28 CPF ID#: \$7-2732656

Boston, MA 02108 (617) 979-8300	00120 1114 20 212
www.OCPF.us 9-30 - 3	ર્
Fill in Reporting Period dates: Beginning Date:	24 Ending Date: 10-25-21
Type of Report: (Check one)	
8th day preceding primary 8th day preceding election year-end	report dissolution 30 days after special election
Committee To Elect Carolan Ricardo	IMPORTANT
Committee Name	Ward, Town and City Committees must
Name of Committee Treasurer	file a campaign finance report if receipts, expenditures or incurred debts are more than
	\$100 in a reporting period.
Committee Mailing Address	Please see the instruction sheet, or call
Telephone Number (optional): 781-964-5077	OCPF for further details.
SUMMARY BALANCE IN	FORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	BMQB 2875.00
Line 3: Subtotal (line 1 plus line 2)	BUNDUS 2875.00
Line 4: Total expenditures this period (page 5, line 14)	WWW 2164.90
Line 5: Ending Balance (line 3 minus line 4)	MUNDUL 710.10
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0

Affidavit of Committee Treasurer:

Line 8: Name of bank(s) used:

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 common ons and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of obehalf of this committee in accordance with the requirements of M.G.L. c. 55.

abor One Credit union

Signed under the penalties of perjury:

(Treasurer's signature)

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.)

	Name and Residential Address	ige number on ea	Occupation & Employer
Name and Residential Address Date Received (alphabetical listing required)		Amount	(for contributions of \$200 or more)
Date Received	, ,	Timount	(101 contributions of \$200 of more)
	33 May Loc MA 02184		
9-31-21	Gail Saccone	\$50,00	
	Brain- ma asset		
9-30-21	Larry Mackin	50,00	
	Brainterente 02/84		
9-31-21	Jen Wadland	190,00	
9-31-21	Brayntvæ Mc, 03184		
9-31-01	Carol Benle	50.00	
	309 Broad 5+ weymonth ma 02188	43	
9-31-21	Cole Braver	50.00	
	Medicid MA 02052		
9-31-21	Francesca bestin	50,00	
	Braintver MA 02184		
9-31-21	Alan Flowers	75.00	
	Braintree ma ozra4		
9-31-21	Tammy Heran	100,00	
	To Land MA 02370		
9-31-2	Kerry Coloman	300.00	State Street Bank-Finance
AVECE GO DESÍX	When SECURE BOOM Lacobson CROOM	DESTANDO.	
	Braintree Ma 02184		
10-14-21	James + Carol Ke grade	50.00	
	Brailstree Ma 02/84		
10-20-21	Laurie Cagstignetti	10000	
Line 9: Total Recei	pts over \$50 (or listed above)	BARKET	15113.68 875.00 Blockers 0
Line 10: Total Rece	ipts \$50 and under* (not listed above)		BOOLERO O
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	ACCEPTED	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.

Page 2

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
\$ 3421	Breent College	50.00		
	3 & Pleason St Wanton MA 62184			
9-31-21	Les Henriger	100:00		
9-31-21	Fran L College	EA 850		
9-912		50,00		
9-31-21	84 Winde mere finde brantie ma oziosi Chuck Gillis	160.00		
Line 9: Total Receip	ots over \$50 (or listed above)	250.		
Line 10: Total Recei	pts \$50 and under* (not listed above)	0		
	Line 11: TOTAL RECEIPTS IN THE PERIOD Compared to the control of the control o			
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)
	Frank Mellon		SelfEmploge
10-21-21	653 Washington St.	500,00	H.V.A.C Technician
	25 Sycamore Pd		
10-1-21	Elizabeth Hurphy	25.00	
9-30-21	43 Walnut 199		
150	Methew Foley	250,00	received Electric
	16 Wellinton the		
9.30-21		50.00	
	Peach St, Braintine		
9-30-21	RUSS CLISSIO	100.00	
	94 Cendar Cliff Braintree Life		
9-30-21	Bonna Connocs	100.00	
	25 WAShixton St		
9-30-21	Frank Mellon	50.00	
	25 Lobinson 124 Beath		
9-29-21	Classell Newall	100.00	
	Brankre Ma		
10-15-21	Dany Even	2500	Dary Campon Every PC
	Do Delson So Bruntree Ma		9
10-3-21	Late Jonovan	50,00	
	85 Hay would 54		
16-7-21	Burn Colley	200,00	HUAC
9-29-21	127 Kr 3 Hill Rd		
	Jolie Carelli	50.00	
	117 Adams St Brantzz.	25,00	
9-29-21	Juston Sowden	(2000)	
	pts over \$50 (or listed above)	1750.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD			2875.00 ← 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.			

^{*} 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.)

report all expenditures. Please include your committee name and a page number on each page.)				
	To Whom Paid		Purpose of Expenditure	
Date Paid	(alphabetical listing)	Address	(include CPF ID# if a contribution to another committee)	Amount
9-23-21	East logst	2 Kethwand Hongham Ma	Palm Cards.	1,367.9
10-12	Patrickan Eggt Cocst Prints	2 Keithway High-Ma	Palm Cards	95,00
10-13	East Cocest Printing	2 12 ith wo	Palm Cards	95.53
10-19	East Coast Pront	a Keithways Hypho Mg	Lawn Signs	232.42
10-10	B. 7/2 1000		Postar Stamp	174.00
10-15	Sami Z Cractions	12 Cedarcliff Braintree	Shirts Swagg	75.00
10-40	staples "	Grossmen Dr Braintres	Copies	¥25.00
				2164.90
		Line 12: Total Expenditures over	er \$50 (or listed above)	18 July 10
Line 13: Total Expenditures \$50 and under* (not listed above)			cm	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			HURSON	