



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="1264.93"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="\$2110"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="\$3374.93"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="\$1686.32"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="\$1688.61"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used	<input type="text" value="Citizens Bank"/>

revised

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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: (Treasurer's signature) Date:

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 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:

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)
10/02/2021	Robert & Brendlyn Horn 19a Sheppard Ave Braintree,MA.02184	\$100	
10/13/2021	Committee to Elect Michael Morrissey 111 Lansdowne st Quincy, Ma.02171	\$100	
10/13/2021	Francis & Kerry Mcginn 41 Sheppard Ave. Braintree, Ma.02184	\$100	
10/13/2021	Michael G. Bellotti PO Box 155 N.Quincy, Ma.02171	\$200	Treasurer Norfolk County
10/13/2021	Tom Bonarrigo 64 Hancock St. Apt.2 Braintree, MA.02184	\$100	
10/13/2021	James O'Brien 69 Safford St. Braintree, Ma.02184	\$200	Fire Chief Town of Braintree
10/13/2021	Joe Cody 58 Marietta Ave Braintree, MA.02184	\$100	
10/13/2021	Emilia & Henry Ruiz 5 Nelson St Braintree, MA.02184	\$100	
10/13/2021	Barbara Sullivan 51 West St Braintree, Ma.02184	\$100	
10/13/2021	Nancy Keaveney 1357 Washington St Braintree	\$350	Retired Nurse
10/13/2021	Lorraine Knudsen 8 Sheppard Ave Braintree	\$100	
10/13/2021	Dan & Sandra Creedon 14 Beech St Braintree	\$50	
Line 9: Total Receipts over \$50 (or listed above)		11	
Line 10: Total Receipts \$50 and under* (not listed above)		1	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1600	← 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)
10/16/2021	Maria Dawson 9 Jordan Circle	\$75	
10/13/2021	Michael & Deborah Reilly 408 Commercial St Braintree	\$100	
10/13/2021	John & Doreen Lavey 14 Haley Ave Braintree	\$100	
10/13/2021	Shannon Hume 84 Beech St Braintree	\$100	
10/13/2021	Sandy Brooks 83 Sheppard Ave Braintree	\$100	
10/08/2021	Kim Savino 430 East Squantum St Quincy, Ma. 02171	\$35	
Line 9: Total Receipts over \$50 (or listed above)		5	
Line 10: Total Receipts \$50 and under* (not listed above)		1	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2110	← 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 to 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
10/01/2021	East Coast Printing	2 Keith Way Unit 5 Hingham, MA.02043	Signs	\$525.94
10/07/2021	East Coast Printing	2 Keith Way Unit 5 Hingham, MA.02043	Invitations	\$183.67
10/13/2021	East Coast Printing	2 Keith Way Unit 5 Hingham, MA.02043	Signs	\$239.06
10/23/2021	East Coast Printing	2 Keith Way Unit 5 Hingham, MA.02043	Mailers	\$374.65
10/26/2021	US Postal Service	125 Pearl Street Braintree, MA.02184	Postage Stamps	\$360.00
Line 12: Total Expenditures over \$50 (or listed above)				5
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$1686.32

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

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.

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