



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8/30/2021 Ending Date: 10/25/2021

Type of Report: (Check one)

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

Kathleen Dryer Tuffy
Candidate Full Name (if applicable)

School Committee
Office Sought and District

7 Prescott Lane, Braintree, MA 02184
Residential Address

E-mail: ktuffy@beld.net

Phone # (optional): 781-307-2608

Committee to Elect Kathy Tuffy
Committee Name

Diane Goss
Name of Committee Treasurer

7 Prescott Lane, Braintree, MA 02184
Committee Mailing Address

E-mail: dbgoss22@gmail.com

Phone # (optional): 781-356-9179

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	1915.00
Line 3: Subtotal (line 1 plus line 2)	1915.00
Line 4: Total expenditures this period (page 5, line 14)	1525.20
Line 5: Ending Balance (line 3 minus line 4)	389.80
Line 6: Total in-kind contributions this period (page 6)	155.90
Line 7: Total (all) outstanding liabilities (page 7)	616.25
Line 8: Name of bank(s) used:	<u>Eastern 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: Diane Goss (Treasurer's signature) Date: 10/25/2021

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: Kathleen Dryer Tuffy (Candidate's signature) Date: 10/25/2021

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)
9/27/2021	Boericke, Will 59 Hobart Ave., Braintree, MA. 02184	50.00	
9/26/2021	Cavanaugh, Michael 82 Worthington Circle, Braintree, MA 02184	100.00	
9/14/2021	Cobb-Lemire, Kelly 30 Mount Vernon Ave., Braintree, MA 02184	15.00	
9/13/2021	Colpus, Laura 2 Phillips St., Braintree, MA 02184	50.00	
9/13/2021	Connolly, Katherine 268 Union St., Braintree, MA 02184	100.00	
9/13/2021	Devine, Nancy 422 John Mahar Highway, Unit 409 Braintree, MA 02184	100.00	
9/12/2021	Durgin, Lauren 31 Totnes Road, Braintree, MA 02184	50.00	
9/13/2021	Flaherty, Julia 11 McCue Drive, Braintree, MA 02184	100.00	
9/12/2021	Fogarty, Stacy 418 Elm St., Braintree, MA 02184	50.00	
9/12/2021	Goss, Diane 501 Commerce Drive, Unit 2309 Braintree, MA 02184	50.00	
9/12/2021	Howell, Joan 126 Cardinal Court, Braintree, MA 02184	100.00	
9/12/2021	Huang, Chao 414 John Mahar Highway Braintree, MA 02184	50.00	
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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/17/2021	Kunz, Sandra 89 Hollingsworth Ave., Braintree, MA 02184	50.00	
10/2/2021	Lynch, Paula 66 Armstrong Circle, Braintree, MA 02184	150.00	
10/3/2021	Maglio, Elizabeth 115 Glenrose Ave., Braintree, MA 02184	25.00	
9/17/2021	McCormack, Claire 48 Newton Ave., Braintree, MA 02184	50.00	
9/13/2021	Kathleen McMullin 16 Devon Rd., Braintree, MA 02184	25.00	
9/18/2021	Modestino, Karen 32 Old Valley Rd., Braintree, MA 02184	100.00	
9/21/2021	Nesoff, Irwin 165 North Truro Rd, Hull, MA 02045	25.00	
9/13/2021	Pearce, Andrew 74 Woodside Ave., Braintree, MA 02184	25.00	
9/13/2021	Prague, Patricia 142 Granger St., Quincy, MA 02170	100.00	
9/24/2021	Rochon, Mary 62 Bradford Commons Lane Braintree, MA 02184	50.00	
9/25/2021	Rubin, Rayna 426 John Mahar Highway, Unit 213 Braintree, MA. 02184	50.00	
9/12/2021	Saccone, Gail 33 May Ave., Braintree, MA 02184	50.00	
9/13/2021	Speredelozzi, David 33 Bradley Rd., Braintree, MA 02184	50	

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 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)
9/12/2021	Tuffy, James 7 Prescott Lane, Braintree, MA 02184	250.00	Mechanic, Deacon Transportation
9/10/2021	Tuffy, Kathleen 7 Prescott Lane, Braintree, MA 02184	50.00	

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	1915.00

← 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.

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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/12/2021	Act Blue	P.O. Box 441146 Somerville, MA 02144	Contribution fees	25.71
9/19/2021	Act Blue	P.O. Box 441146 Somerville, MA 02144	Contribution fees	28.27
10/17/2021	Act Blue	P.O. Box 441146 Somerville, MA 02144	Contribution fees	19.78
9/23/2021	Deluxe Check	12 South Street Townsend, MA 01469	Checks	31.00
10/25/2021	Kathleen Tuffy	7 Prescott Lane Braintree, MA 02184	Reimbursement for lawn signs and placards purchased from Printing Unlimited 9/22/2021	616.25
9/29/2021	Printing Unlimited	63 Plymouth Street Holbrook, MA 02343	Handouts	357.00
10/6/2021	Printing Unlimited	63 Plymouth Street Holbrook, MA 02343	Postcards	207.19
10/12/2021	USPS	Braintree, MA 02184	postage stamps	120.00
10/18/2021	USPS	Braintree, MA 02184	postage stamps	120.00
			Line 12: Total Expenditures over \$50 (or listed above)	
			Line 13: Total Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	1525.20

* 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
9/20/2021	Kennedy, Ashley	121 Commercial St. Braintree, MA 02184	Graphic Design	100.00
9/30/2021	McBrine, Katie	157 Central St. Hingham, MA 02043	Buttons	30.00
10/25/2021	Tuffy, Kathleen	7 Prescott Lane Braintree, MA 02184	Canva subscription	25.90
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				155.90

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
9/22/2021	Kathleen Tuffy	7 Prescott Lane Braintree, MA 02184	Lawn signs and placards Printing Unlimited	616.25
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	616.25