



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

RECEIVED TOWN CLERK
BRAINTREE, MA

Municipal Form

Office of Campaign and Political Finance

2017 JAN 31 AM 8:46

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2016 Ending Date: 12/31/2016

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

83 FRENCH AVENUE
BRAINTREE Residential Address MA 0184

Telephone Number (optional): _____

THE COMMITTEE TO ELECT DAVID RINGIUS JR
Committee Name

DAVID M. RINGIUS
Name of Committee Treasurer

64 WYMAN ROAD
BRAINTREE Committee Mailing Address MA 0184

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2591.31</u>
Line 2: Total receipts this period (page 3, line 11)	<u>< 1702.58 ></u>
Line 3: Subtotal (line 1 plus line 2)	<u>888.73</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>159.95</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>728.78</u>
Line 6: Total in-kind contributions this period (page 6)	_____
Line 7: Total (all) outstanding liabilities (page 7)	_____
Line 8: Name of bank(s) used:	<u>BRAINTREE COOPERATIVE 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: 1/31/2017

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 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.

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)
9/18/2015- 10/16/2015	DAVID KINGIUS JR 83 FRENCH AVENUE ORAINTREE, MA 02184	(1702.58)	VARIOUS LOANS TO CAMPAIGN - PRIOR YEAR ADJUSTMENT
Line 9: Total Receipts over \$50 (or listed above)		(1702.58)	
Line 10: Total Receipts \$50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		(1702.58)	← 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/24/2016	OSHAIA	N/A	DONATION	60.00
8/31/2016	BPWOF	N/A	DONATION	60.00
6/24/2016	MARGARET AINSIUS	64 WYMAN ROAD BRANTREE, MA 02184	REIMBURSEMENT JULY 4 PARADE EXPENSE	39.95
Line 12: Expenditures over \$50 (or listed above)				159.95
Line 13: Expenditures \$50 and under* (not listed above)				—
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				159.95

* 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
	<i>NONE</i>			

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	_____

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.

