



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK
BRAintree, MA

2015 OCT 26 PM 12:13

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning	10	5	2015	Ending	10	26 2015

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
Full Name of Candidate (if applicable)

TOWN COUNCIL - AT LARGE
Office Sought and District

83 FRENCH AVENUE
Residential Address

BRAINTREE, MA 02184
Tel. No. (optional)

THE COMMITTEE TO ELECT DAVID RINGIUS, JR
Committee Name

DAVID M. RINGIUS
Name of Committee Treasurer

64 WYMAN ROAD
Committee Mailing Address

BRAINTREE, MA 02184
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0.00

Line 2: Total receipts this period (page 2, line 11) \$ 4692.58

Line 3: Subtotal (line 1 plus line 2) \$ 4692.58

Line 4: Total expenditures this period (page 3, line 14) \$ 2047.58

Line 5: Ending balance (line 3 minus line 4) \$ 2645.00

Line 6: Total in-kind contributions this period (page 4) \$ 0.00

Line 7: Total (all) outstanding liabilities (page 4) \$ 0.00

Line 8: Name of bank(s) used BRAINTREE COOPERATIVE BANK

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 Date 10/25/15

Treasurer's signature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 signature (in ink)

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.

This page may be copied 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)
10/10	EMIL ATA 740 SOUTH ST RANDOLPH, MA	2500	
10/8	DENNIS BATES 503 IVING RD RANDOLPH, MA	5000	
10/18	MARY BATES 199 BERRY AVE WORCESTER, MA	5000	
10/8	ANDREA BOBILIER 5 KARLI LANE BRIDGEWATER, MA	2500	
10/8	CHRIS BUCCINI 25 ELEANOR DR BRAINTREE, MA	5000	
10/8	MARIA BUCCINI 25 ELEANOR DR BRAINTREE, MA	5000	
10/9	CYRIL CHAFF 17 WYMAN RD BRAINTREE, MA	2500	
10/8	NELSON CHIN 36 ACADEMY ST. BRAINTREE, MA	2500	
10/8	PATRICIA CLARKE 67 WOODSIDE AVE BRAINTREE, MA	2500	
10/16	MICHAEL CONNOLLY 43 SKILTHES LN KINGSTON, MA	5000	
10/8	KEVIN CULLIHAN 103 GREAT PLAIN AVE WELLESLEY, MA	5000	
10/8	MELISSA COUGHAN 873 E. SQUANTON ST QUINCY, MA	2500	
10/8	DANNY'S CLEANSERS 289 EAST ST BRAINTREE, MA	10000	
10/10	NICK DELANEY 81 BROOK ST QUINCY, MA	2500	
10/8	MICHAEL DEQUINS 26 PLYMOUTH AVE BRAINTREE, MA	5000	
Line 9: Total receipts in excess of \$50 (or listed above)		62500	
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.

This page may be copied 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)
10/8	KERRIE DOHERTY 17 PRIMROSE ST BRAINTREE, MA	2500	
10/8	KEVIN DOYLE 79 CYPRUS RD ATTLEBORO, MA	2500	
10/8	DANIEL DUARTE 55 WOODLANDS RD BRAINTREE, MA	2500	CHEF - SOUTH SIDE TAUERRI
10/15	DANIEL DUARTE 55 WOODLANDS RD BRAINTREE, MA	10000	
10/8	TIFERESA FAHEY 66 WYMAN RD BRAINTREE, MA	2500	
10/8	FIACRA FAHY 22 SPRING GLEN CIR BRAINTREE, MA	3000	
10/8	LISA FISKE-HEGER 16 CONNELLY CIR BRAINTREE, MA	2500	
10/8	MICHAEL FOLEY 6 MAY AVE BRAINTREE, MA	5000	
10/8	WILLIAM GARDNER 41 DEERFIELD ST SQUANTON, MA	2500	
10/14	STEPHEN GEARLY 21 CRESCENT AVE BRAINTREE, MA	2000	SALES - THEEMS FISHER PIERCE
10/8	ANGELA GESO 5 CEDAR AVE BRAINTREE, MA	2000	
10/8	CRAIG HOCH 200 DUNHALL ST WYVINGTON, MA	2000	
10/8	JOSH HUPE 29 SHEPPARD RD BRAINTREE, MA	5000	
10/8	KATE HUPE 29 SHEPPARD RD BRAINTREE, MA	5000	
10/8	DANIEL HURLEY 101 ARDURS AVE BRAINTREE, MA	5000	
Line 9: Total receipts in excess of \$50 (or listed above)		94500	
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

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.

This page may be copied 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)
10/8	Courtney Kiernan 170 Cabot ST MILTON	25 00	
10/8	Jessica Kelly 201 E COTTAGE ST. BOSTON	25 00	
10/15	George Kokoris 24 LUNAR AVE BRAINTREE	50 00	
10/12	MARGARET S. KRIPPENDORF 277 ALIDA RD BRAintree	25 00	
10/8	SHAWN McRAY 599 NORTH ST RANDOLPH	25 00	
10/15	BRENDAN McMULLIN 16 DEVON RD BRAintree	40 00	
10/8	CHRISTOPHER MEADE 31 GREENE ST QUINCY	25 00	
09/29	MICHAEL W MORRISSEY 111 LANSDownE ST QUINCY	50 00	
10/9	MICHAEL F. MODESTINO DBA MICHAEL F. MODESTINO ATTORNEY AT LAW 100 GRANDVIEW RD BRAintree	50 00	
9/15	JOHN C MULLANEY 100 GRANDVIEW RD BRAintree	250 00	ATTORNEY JOHN C. MULLANEY
10/8	SCOTT MURPHY 25 OVERLOOK DR NORWOOD	50 00	
10/2	WILLIAM MURPHY 143 CHERRY ST ASHLAND	50 00	
10/8	BRIAN NAUGHTON 67 PLEASANTVIEW AVE BRAintree	50 00	
10/8	KATE NAUGHTON 12 WOODSIDE AVE BRAintree	25 00	
10/8	DOROTHY NEDELMAN 26 NORTON ST BRAintree	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		840 00	
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

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.

This page may be copied 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)
10/8	KATHRYN WEDELMAN-HERBST 35 HOLLINGSWORTH AVE BRAINTREE	50 00	
10/8	GERARD ODOHERTY 72 STANDISH AVE BRAINTREE	25 00	
10/8	SEAN POWERS 46 KING HILL RD BRAINTREE	25 00	
10/8	JAMES P. REGAN 35 HOBART AVE BRAINTREE	100 00	
10/8	ADAM RINGIUS 74 ARTHUR ST. BRAINTREE	25 00	
4/18	DAVID RINGIUS JR 83 FRENCH AVE BRAINTREE	10 00	* LOAN TO CAMPAIGN
9/24	DAVID RINGIUS JR 83 FRENCH AVE BRAINTREE	19 11	* LOAN TO CAMPAIGN
10/5	DAVID RINGIUS JR 83 FRENCH AVE BRAINTREE	14 70	* LOAN TO CAMPAIGN
10/7	DAVID RINGIUS JR 83 FRENCH AVE BRAINTREE	99 98	* LOAN TO CAMPAIGN
10/8	DAVID RINGIUS JR 83 FRENCH AVE BRAINTREE	730 81	* LOAN TO CAMPAIGN
10/5	DAVID RINGIUS JR 83 FRENCH AVE BRAINTREE	113 99	* LOAN TO CAMPAIGN
10/16	DAVID RINGIUS JR 83 FRENCH AVE BRAINTREE	713 99	* LOAN TO CAMPAIGN
10/8	LEANNE RINGIUS 64 WYMAN RD BRAINTREE	30 00	
10/8	PATRICK KUSSELL 50 MAPLEWOOD TER. BRAINTREE	50 00	
10/8	ANTHONY SCARPA, JR 346 TREMONT ST. BRAINTREE	50 00	
Line 9: Total receipts in excess of \$50 (or listed above)		2057 58	
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

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
10/25/15	BRAD BARTH	166 FRANKLIN ST QUINCY MA	CAMPAIGN WORKER	80.00
10/25/15	BRIAN KANE	160 FRANKLIN ST QUINCY MA	CAMPAIGN WORKER	80.00
10/25/15	LOGAN G. BRIEN	160 FRANKLIN ST QUINCY, MA	CAMPAIGN WORKER	80.00
10/13/15	POSTMASTER BOSTON	125 PEARL ST BRAintree MA	CAMPAIGN STAMPS	35.00
10/14/15	POSTMASTER BOSTON	125 PEARL ST BRAintree, MA	CAMPAIGN STAMPS	76.00
10/14/15	DAVID RINGIER, JR	83 FRENCH AVE BRAintree, MA	REIMBURSEMENT OF LOAN	730.81
10/16/15	DAVID RINGIER, JR	83 FRENCH AVE BRAintree MA	REIMBURSEMENT OF LOAN	713.99
10/23/15	DAVID RINGIER JR	83 FRENCH AVE BRAintree, MA	REIMBURSEMENT OF LOAN	213.99
10/25/15	DAVID RINGIER JR	83 FRENCH AVE BRAintree MA	REIMBURSEMENT OF LOAN	43.81
Line 12: Total Expenditures over \$50 (or listed above)				2047.58
Line 13: Total 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		N O N E		
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				0.00

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
		N O N E		
Line 18: OUTSTANDING LIABILITIES (ALL)				0.00

Enter on page 1, line 7



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: 10/14/2015
Name of Individual Being Reimbursed: DAVID RINGBUS, JR	
Committee Name: COMMITTEE TO ELECT DAVID RINGBUS, JR	
CPF ID Number (if applicable): 	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/08/2015	PRINTING UNLIMITED	63 PLYMOUTH ST. HOLBROOK, MA	CAMPAIGN SIGNS	302.81
10/08/15	Granite Grill	730 Granite St Braintree, MA	CAMPAIGN EVENT	428.00

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	730.81
	Line 2: Expenditures \$50 or under (not itemized):	
	Line 3: TOTAL AMOUNT REIMBURSED:	730.81

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/25/15

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement:	10/16/2015
Name of Individual Being Reimbursed:	DAVID RINBIUS, JR	
Committee Name:	COMMITTEE TO ELECT DAVID RINBIUS JR	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/16/15	VISTA PRINT	VISTA PRINT.COM	CAMPAIGN LITERATURE / POST CARDS	\$713 ⁹⁹

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	\$713.99
	Line 2: Expenditures \$50 or under (not itemized):	
	Line 3: TOTAL AMOUNT REIMBURSED:	\$713.99

Signed under the penalties of perjury:	
Signature of Candidate / Treasurer	Date: 10/25/15

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: 10/23/2015
Name of Individual Being Reimbursed: DAVID RINGLES, JR	
Committee Name: COMMITTEE TO ELECT DAVID RINGLES JR	
CPF ID Number (if applicable): 	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/7/15	POSTMASTER BOSTON	125 PEARL ST BRAintree, MA	CAMPAIGN STAMPS	49.99
10/7/15	POSTMASTER BOSTON	125 PEARL ST BRAintree MA	CAMPAIGN STAMPS	49.99
10/6/15	VISTA PRINT	VISTA.PRINT.COM	CAMPAIGN POST CARDS	113.99

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	213.97
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	213.97

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/25/15

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: 10/25/2015
Name of Individual Being Reimbursed: DAVID RINGIUS JR	
Committee Name: COMMITTEE TO ELECT DAVID RINGIUS, JR	
CPF ID Number (if applicable): 	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/18/15	BRAINTREE TOWN CLERK	1 JFK BRAINTREE, MA	VOTER LIST	\$10.00
9/24/15	STAPLES	500 GROSSMAN DR BRAINTREE, MA	ENVELOPES / SHARPIES / (OFFICE SUPPLIES)	19.11
10/6/15	POSTMASTER BOSTON	125 PEARL ST BRAINTREE MA	CAMPAIGN STAMPS	14.76

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	43.87
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	43.87

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/25/15

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

RECEIVED TOWN CLERK
BRAintree, MA

File with City / Town Clerk or Election Commission

2015 OCT 26 PM 12:13

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:

Full Name: David M. Ringius, Jr.

Residential Address: 83 French Avenue

City / State / Zip: Braintree, MA 02184

E-Mail Address: dringius1@yahoo.com Phone #: 1-781-267-0133

Party Affiliation: _____ (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: TOWN COUNCIL

District: A7-LARGE

COMMITTEE:

Name of Committee: The Committee to Elect David Ringius, Jr.
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 64 Wyman Road

City / State / Zip: Braintree, MA 02184 Phone #: 1-781-843-4158

OFFICERS:

<p>Chairman: <u>Joseph Zarrella</u></p> <p>Residential Address: <u>160 Franklin St</u></p> <p>City / State / Zip: <u>Quincy MA 02169</u></p> <p>Phone #: <u>781-964-4197</u></p>	<p>Treasurer*: <u>DAVID M. RINGIUS</u></p> <p>Residential Address: <u>64 WYMAN ROAD</u></p> <p>City / State / Zip: <u>BRAINTREE, MA 02184</u></p> <p>Phone #: <u>781-843-4158</u></p> <p><small>*A public employee may not serve as treasurer of any political committee (see reverse).</small></p>
<p>Other Officer/Title: _____</p> <p>Residential Address: _____</p> <p>City / State / Zip: _____</p> <p>Phone #: _____</p>	<p>Other Officer/Title: _____</p> <p>Residential Address: _____</p> <p>City / State / Zip: _____</p> <p>Phone #: _____</p>

(Complete and attach a Form CPF MA 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

David M. Ringius, Jr.
Candidate's signature

Date: 10/5/2015

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

David M. Ringius
Treasurer's signature

Date: 10/5/15

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Joseph Zarrella
Chairman's signature

Date: 10/5/15

DEFINITION OF A PUBLIC EMPLOYEE

M.G.L. Chapter 55, Section 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.

SELECTED EXTRACTS FROM M.G.L.C. 55

Section 1 defines a candidate's committee:

"Candidate's committee", the political committee organized on behalf of a candidate The term "candidate's committee" shall also apply to the campaign fund of a candidate who has not organized a political committee for the purpose of carrying out the election campaign of such candidate or who receives contributions or makes expenditures independently of said committee.

Section 2 requires candidates to keep certain records:

Every candidate shall keep detailed accounts of all contributions received by him, or by a person acting on his behalf and of all expenditures made by him, or by a person acting on his behalf. Said accounts may be kept by an agent duly authorized thereto, but the candidate shall be responsible for said accounts, which shall be kept separate and distinct from all other accounts and shall include contributions made by the candidate The candidate shall preserve all receipted bills and accounts relative to all contributions received, expenditures made and any other campaign finance activity. ...The candidate shall preserve said receipted bills and accounts for six years from the date of the relevant election...

Section 3 requires the director to:

"assess a civil penalty for any [late filed] report ... of twenty-five dollars (\$25) per day [up to \$5,000 per report]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate

Section 5 outlines statements of organization of political committees:

Each political committee shall organize by filing with the director or, if organized for the purpose of a city or town election only, with the city or town clerk, a statement of organization.

The statement of organization shall include: (1) the full name of the political committee, which, if organized on behalf of a candidate, shall include the name of the candidate in said name; (2) the address of the political committee; (3) a statement of the purpose for which the political committee is organized (4) the name and residential address of the chairman and the treasurer; (5) the name, residential address, and position of other principal officers, including officers and members of the finance committee, if any, and; (6) the name and address, if known, and party affiliation of each candidate the political committee is supporting; provided, however, that if a candidate is nominated without reference to a political party, the name of his political party shall not be required

Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents

All funds of a political committee shall be kept separate from any personal funds of officers, members or associates of such committee

IMPORTANT: M.G.L. c. 55, s. 5 requires that any changes in the information provided on this form shall be filed within ten (10) days of said change. Further information can be obtained from OCPF by phone at (617) 979-8300, via e-mail at ocpf@cpf.state.ma.us or on the web at <http://www.mass.gov/ocpf>.