



Commonwealth  
of Massachusetts

Form CPF M 102: Campaign Finance Report  
Office of Campaign and Political Finance

RECEIVED TOWN CLERK  
BRAintree, MA

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place Rm. 411  
Boston, MA 02108  
(617) 979-8300

2015 OCT 27  
CPF ID# 51272  
10/19/2015

Reporting Period: Beginning: 1/1/2015 Ending: 10/26/2015

Type of Report: 2015 Pre-election Report (MUN)

<u>Devin, Thomas P.</u> <i>Full Name of Candidate</i>	<u>Devin Committee</u> <i>Committee Name</i>
<u>Municipal, Braintree</u> <i>Office Sought/ District</i>	<u>Michael F. Higgins</u> <i>Name of Committee Treasurer</i>
<u>37 Wyman Rd.</u> <u>Braintree, MA 02184</u> <i>Residential Address</i>	<u>37 Wyman Rd.</u> <u>Braintree, MA 02184</u> <i>Committee Address</i>

**SUMMARY BALANCE INFORMATION**

Ending balance from previous report:	\$228.30
Total receipts this period:	\$0.00
Subtotal:	\$228.30
Total expenditures this period:	\$0.00
Ending Balance:	\$228.30
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of Bank Used:	

**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, inkind 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 (in ink) Michael F Higgins Date 10-19-2015

**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, and 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 and 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, inkind 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 (in ink) Thomas P Devin Date 10/27/15



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="\$228.30"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="\$0.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="\$228.30"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="\$0.00"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="\$228.30"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="\$0.00"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="\$0.00"/>
Line 8: Name of bank(s) used:	<input type="text" value="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: Michael F Higgins (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 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: Thomas P Devon (Candidate's signature) Date:



**Schedule E  
Municipal Form  
Disclosure of Assets Statement  
Office of Campaign and Political Finance**

Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

CPF ID# 16272

This form should be filed by all candidates and committees with each year end and each dissolution report.

Committee Name: Committee to ELECT Tom DEVIN Date of report: 10-19-2015

All candidates and committees must fill in Part A or Part B.

**Part A:**

No assets\* were acquired or disposed of by this candidate/committee during the period covered by this statement.

**Part B:**

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

\*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

*Thomas P. Devin*  
Candidate signature                      Date

Signed under the penalties of perjury:

*Michael Flynn* 10/19/2015  
Treasurer signature                      Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.





Commonwealth of Massachusetts

Form CPF M101 : STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM
Office of Campaign and Political Finance

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures

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:

1. Committee Name: Committee to ELECT Tom DEVIN
(The name of the committee must include the candidate's last name)

2. Committee Address: 37 WYMAN ROAD

2a. Mailing Address: 37 WYMAN ROAD

3. Purpose: UPDATE ORGANIZATION OFFICERS

4. Officers:
Chairman:
Treasurer: MICHAEL F HIGGINS 55 BROOKSIDE RD BRAINTREE MA 02184 781-843-6936
Other officer:
Other officer:

Attach additional page, if necessary, with other officers and finance committee, if any

5. Candidate: THOMAS P. DEVIN 37 WYMAN ROAD BRAINTREE 02184

6. Office Sought: School Committee

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:

Signature of Thomas P. Devin + 10/27/15
Candidate's signature Date

I hereby accept the office of treasurer of the above-named committee. I understand that 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.

SIGNED UNDER THE PENALTIES OF PERJURY:

Signature of Michael F Higgins 10-19-2015
Treasurer's signature Date

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature Date





**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
				\$0.00
				\$0.00

NOTHING  
to  
REPORT

Line 12: Total Expenditures over \$50 (or listed above)	<del>\$0.00</del>
Line 13: Total Expenditures \$50 and under* (not listed above)	<del>\$0.00</del>
Line 14: TOTAL EXPENDITURES IN THE PERIOD	<del>\$0.00</del>

Enter on page 1, line 4 →



