



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK
BRAINTREE, MA

2015 DEC 29 AM 10:53

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/27/2015 Ending Date: 12/3/2017

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

DAVID H. RINGIUS, JR.
Candidate Full Name (if applicable)

TOWN COUNCIL - AT LARGE
Office Sought and District

83 FRENCH AVENUE
BRAINTREE Residential Address MA 02184

Telephone Number (optional) _____

THE COMMITTEE TO ELECT DAVID RINGIUS JR
Committee Name

DAVID H. RINGIUS
Name of Committee Treasurer

64 WYMAN ROAD
BRAINTREE Committee Mailing Address MA 02184

Telephone Number (optional) _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2645.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>350.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2995.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>403.69</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2591.31</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 H. Ringius (Treasurer's signature) Date: 12/27/15

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)
10/30/15	DERMOT DOYNE 1058 WASHINGTON ST. BRAintree, MA	200.00	OWNER - DOYNE INC
11/6/15	PAUL GIANNINO ASSOC 1599 WASHINGTON ST. BRAintree, MA	100.00	
Line 9: Total Receipts over \$50 (or listed above)		300.00	
Line 10: Total Receipts \$50 and under* (not listed above)		50.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		350.00	← 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
11/3/15	HOME DEPOT	365 CENTRE ST QUINCY, MA	WOOD FOR SIGNS	69.19
11/1/15	LIBERTY SCHOOL PTO	49 PROCTOR RD BRAintree, MA	DDNATION	100.00
10/27/15	POSTMASTER BOSTON	125 PEARL ST BRAintree, MA	STAMPS	234.50
Line 12: Total Expenditures over \$50 (or listed above)				403.69
Line 13: Total Expenditures \$50 and under* (not listed above)				—
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				403.69

* 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 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
		NONE		
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	_____