



Commonwealth of Massachusetts

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

RECEIVED TOWN CLERK
BRAintree, MA

Office of Campaign and Political Finance

2023 OCT 30 AM 9:20

File with: City / Town Clerk or Election Commission

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

CANDIDATE: Full Name: Peter Morin

Residential Address: 31 Massachusetts Ave.

City / State / Zip: Braintree MA 02184

E-Mail Address: peter.morin59@outlook.com Phone #: _____

Party Affiliation: None (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: Town Council - Braintree District: 6

Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with clerk or local election official.

COMMITTEE: Name of Committee: Committee to Elect Peter Morin
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 31 Massachusetts Ave

City / State / Zip: Braintree MA 02184 Phone #: 781-534-5496

OFFICERS:

Chairperson: <u>Peter Morin</u>	Treasurer*: <u>Amy Morin</u>
Residential Address: <u>31 Massachusetts Ave</u>	Residential Address: <u>31 Massachusetts Ave</u>
City / State / Zip: <u>Braintree MA 02184</u>	City / State / Zip: <u>Braintree MA 02184</u>
Phone #: <u>781-534-5496</u>	Phone #: <u>781-843-6152</u> Email: <u>MORINS5@COMCAST.NET</u>

*A public employee may not serve as treasurer of any political committee (see reverse).

Additional officers may be listed on page two.

Check applicable box before signing:

Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) 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; and 4) may not serve as treasurer of a political committee organized on my behalf.

Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) 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:

Candidate's signature

Date: 10/29/23

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 their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date: 11/30/23

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairperson's signature

Date: 10/29/23



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 9/1/23 Ending Date: 10/30/23

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

Peter J. Morin
 Candidate Full Name (if applicable)
Town Councilor
 Office Sought and District
31 Mass Ave Braintree MA 02184
 Residential Address
 E-mail: peter.morin59@outlook.com
 Phone # (optional): 781-534-5496

Committee to Elect Peter Morin
 Committee Name
Amy Morin
 Name of Committee Treasurer
31 Mass Ave Braintree MA 02184
 Committee Mailing Address
 E-mail: morins5@comcast.net
 Phone # (optional): 781-843-6152

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>770.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>770.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>763.50</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>6.50</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0.</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0.</u>
Line 8: Name of bank(s) used:	<u>Rockland TRUST</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: [Signature] (Treasurer's signature) Date: 10/30/23

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: [Signature] (Candidate's signature) Date: 10/20/23

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/30/23	Kevin Crilly San Diego CA	100.00	
10/30/23	Kathy + Peter Forbes 67 Plymouth Ave. BRAintree	60	
10/30/23	Jon + Karen Garber 816 Reserve Road Rockville MD	25	
10/30/23	Jim Glick 13 E Randall St BALTIMORE MD	35	
10/30/23	Debra Stem Mazur 260 Glendale Ave Decatur GA	50	
10/30/23	Nathan Slovyn 10809 Trillium Lane Sister Bay WI	250	Director of Client The ORG. Excellence
10/30/23	W.C. Sterling ^{105 Spruce Lane} Missoula MT	100	
10/30/23	Joe + Barbara Sullivan ^{51 West} Brantree	150	

Line 9: Total Receipts over \$50 (or listed above) 660

Line 10: Total Receipts \$50 and under* (not listed above) 110

Line 11: **TOTAL RECEIPTS IN THE PERIOD** 770

← 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.

