



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

2018 JAN 24 PM 3:31

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/31/17 Ending Date: 12/31/17

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

Charles B. Ryan  
Candidate Full Name (if applicable)  
Braintree Town Council, Councilor at Large  
Office Sought and District  
24 Conrad St, Braintree, MA 02184  
Residential Address  
E-mail: Cryan24@comcast.net  
Phone # (optional): 781-724-8696

The Ryan Committee  
Committee Name  
Coleen Ryan  
Name of Committee Treasurer  
24 Conrad St, Braintree, MA 02184  
Committee Mailing Address  
E-mail: Coleenr.ryan@gmail.com  
Phone # (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$ 8,409.26</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 1,525.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 9,934.26</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 3,478.43</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 6,455.83</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\$ 0.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$ 0.00</u>
Line 8: Name of bank(s) used:	<u>Bank of America</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: Coleen Ryan (Treasurer's signature) Date: 1-22-18

**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: Charles B. Ryan (Candidate's signature) Date: 1/22/18

## 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)
	<i>See Attached .</i>		
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$1,525.00</b>	← 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.

2017 RECEIPTS - YEAR END REPORT - THE RYAN COMMITTEE

DATE	NAME	STREET	TOWN	ZIP	
10/31/2017	MARGARET & FRED ROONEY	51 GATES ST	SOUTH BOSTON	MA 2127	25
10/26/2017	JOHN & CHRISTINE VETERE	22 HEYWOOD AVE	MELROSE	MA 2176	50
10/27/2017	ELIZABETH PAGE	137 STORRS AVE	BRAINTREE	MA 2184	50
11/1/2017	GREG ALESSANDRO	65 CEDAR ST	BRAINTREE	MA 2184	50
10/29/2017	EDWARD LOPES	95 CARRIAGE HILL CIRCLE	SOUTHBOROUGH	MA 1772	100
10/31/2017	IBEW LOCAL 2222 PAC 80530	1137 WASHINGTON ST, SUITE 2	DORCHESTER	MA 2124	100
10/31/2017	MASS BRICKLAYERS	550 MEDFORD ST	BOSTON	MA 2129	250
10/31/2017	BRIDGE & STRUCT IRON WORKERS	195 OLD COLONY AVE	SOUTH BOSTON	MA 2127	500
10/16/2017	CUSACK COMMITTEE	74 BROW AVE	BRAINTREE	MA 2184	100
10/31/2017	JOHN & DIANE PRENDERGAST	30 HILLSIDE RD	CUMBERLAND	RI 2864	25
11/3/2017	GINO RIZZO	6 MARTENS ST	WILMINGTON	MA 1887	25
10/20/2017	BRIAN & CHERYL CUSACK	74 BROW AVE	BRAINTREE	MA 2184	50
11/8/2017	JIM & CAROL CASEY	15 CAPE COD LANE	BRAINTREE	MA 2184	25
11/6/2017	BRIAN SULLIVAN	66 ARTHUR ST	BRAINTREE	MA 2184	75
12/1/2017	LABORERS LOCAL 133	PO BOX 690431	QUINCY	MA 2269	100
				TOTAL	1525

## 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
<del> </del>	<del>See Attached</del>			
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				<b>\$ 3418.43</b>

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

2017 SCHEDULE B EXPENDITURES - YEAR END REPORT - THE RYAN COMMITTEE				
DATE	TO WHOM PAID	ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
12/1/2017	VERIZON WIRELESS	250 Granite Street, Braintree, MA 02184	Campaign Phone	\$ 250.00
11/20/2017	VERIZON WIRELESS	250 Granite Street, Braintree, MA 02184	Campaign Phone	\$ 103.43
11/13/2017	CHARLES RYAN	24 Conrad St, Braintree, MA 02184	Repay Campaign Loans	\$ 3,000.00
12/7/2017	FIVE GUYS	37 Forbes Rd, Braintree, MA 02184	Toys for Tots Donation	\$ 25.00
11/21/2017	THE CUSACK COMMITTEE	Brow Ave, Braintree, MA	Campaign Donation	\$ 100.00
			TOTAL:	\$ 3,478.43

## 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	NA			
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				0.00

\* 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
<del> </del>	<del>NA -</del>	<del> </del>	<del> </del>	<del> </del>
Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				<b>0.00</b>