



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

RECEIVED TOWN CLERK  
BRAintree, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: 10/29/2019 Beginning Date: 1/1/2019 Ending Date: 10/28/2019

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.  
Candidate Full Name (if applicable)

TOWN COUNCIL - AT LARGE  
Office Sought and District

1074 WASHINGTON ST  
BRAINTREE Residential Address MA 02184

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

THE COMMITTEE TO ELECT  
DAVID RINGIUS JR  
Committee Name

DAVID M. RINGIUS  
Name of Committee Treasurer

64 WYMAN RD  
BRAINTREE Committee Mailing Address MA 02184

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>367.52</u>
Line 2: Total receipts this period (page 3, line 11)	<u>6385.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>6752.52</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1848.55</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>4903.97</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>SOUTH SHORE 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 M. Ringius (Treasurer's signature) Date: 10/28/2019

#### 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)
6/4/2019	STEPHANIE ALLAIN 12 N CENTRAL ST A1 DEARBURY, MA	1000.00	HAIRDRESSER
6/5/2019	DENNIS BATES 503 IRVING RD ARNDOLAH, MA	100.00	
6/6/2019	CHRIS BUCCINI 25 ELEANOR DR BRAINTREE, MA	300.00	Salon Owner
6/5/2019	JEFFREY BURRELL 16 CAPEL RD BRAINTREE, MA	100.00	
7/22/2019	LAURIE CASTIGNETTI 39 KAY LANE BRAINTREE, MA	100.00	
6/5/2019	SEAN CONROY 48 ACORN CIR BRAINTREE, MA	100.00	
6/5/2019	SEAN DOWNING 90 HOLLINGSWORTH AVE BRAINTREE, MA	100.00	
6/5/2019	WILLIAM ESSELSTYN 31 SOLIS RD BRAINTREE, MA	100.00	
6/6/2019	BRENDA FAY 24 HARRISON AVE. BRAINTREE, MA	75.00	
6/5/2019	MAURKED KOLEY 6 MAY AVE BRAINTREE, MA	100.00	
6/5/2019	MAYA FRANE 102 ALIDA RD BRAINTREE, MA	100.00	
6/5/2019	WILLIAM GERETY 120 CHRISTINA DR BRAINTREE, MA	100.00	
Line 9: Total Receipts over \$50 (or listed above)		2275.00	
Line 10: Total Receipts \$50 and under* (not listed above)		—	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</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.

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/4/2019	STEPHEN HARRAS 29 ELMWOOD AVE. BRAintree, MA	1000.00	BUSINESS OWNER
6/5/2019	MARK HARRINGTON 15 STANBISH AVE BRAintree, MA	150.00	
6/5/2019	JOSHUA HURE 29 SHEPARD RD BRAintree, MA	100.00	
6/5/2019	CARL JOHNSON III 17 BREWSTER AVE BRAintree, MA	200.00	
6/5/2019	MATTHEW KIELTY 75 EDIN BORO RD QUINCY, MA	500.00	RESTAURANT OWNER
6/5/2019	CHARLES KOKOROS 70 SOLMA AVE BRAintree, MA	75.00	
6/5/2019	MICHAEL MONESTINO 32 OLD VALLEY RD BRAintree, MA	100.00	
5/5/2019	RICHARD MOORE 46 HOLLIS AVE. BRAintree, MA	200.00	
6/5/2019	LEANNE RINGUS 64 WYMAN RD BRAintree, MA	75.00	
6/5/2019	PATRICK RUSSELL 50 MAPLEWOOD TER BRAintree, MA	100.00	
6/5/2019	MATTHEW STERLING 2113 WASHINGTON ST BRAintree, MA	100.00	
4/10/2019	MELISSA SWEENEY 21 GROVE CIRCLE BRAintree, MA	100.00	
6/5/2019	ANNA ZENUS 39 FAIRBANKS RD BROCKTON, MA	100.00	
Line 9: Total Receipts over \$50 (or listed above)		2800.00	
Line 10: Total Receipts \$50 and under* (not listed above)		1310.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>6385.00</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.

## 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
6/4/2019	EAST COAST PRINT	2 KEITH WAY UNIT 5 HINGHAM, MA	CAMPAIGN LITERATURE	281.56
8/6/2019	EAST COAST PRINT	2 KEITH WAY UNIT 5 HINGHAM, MA	CAMPAIGN LITERATURE	796.88
6/30/2019	MARGARET RINGIUS	64 WYMAN RD BRAINTREE, MA	ACCU-STAMP	12.20
6/30/2019	MARGARET RINGIUS	64 WYMAN RD BRAINTREE, MA	JULY 4 PARADE EXPENSES	74.11
8/2/2019	MARGARET RINGIUS	64 WYMAN RD BRAINTREE, MA	CAMPAIGN LITERATURE/ POSTAGE/ENVEL	678.80
6/26/2019	SOUTH SHORE BANK	372 WASHINGTON ST BRAINTREE, MA	BANK FEE	5.00
Line 12: Total Expenditures over \$50 (or listed above)				1848.55
Line 13: Total Expenditures \$50 and under* (not listed above)				—
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				1848.55

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



