Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED
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CITY CLERK'S OFFICE

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning January 1, 2010 (Month Date Year) Ending December 31, 2010 (Month Date Year)

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

Daniel G. Raymondi
Full Name of Candidate (if applicable)

Ward 2 City Councillor - Quincy
Office Sought and District

88 Elm Street
Residential Address

Quincy, MA 02169 (617) 479-9044
Tel. No. (optional)

Committee to Elect Daniel G. Raymondi
Committee Name

Janice A. Cronin, Treasurer
Name of Committee Treasurer

88 Elm Street
Committee Mailing Address

Quincy, MA 02169 (617) 479-9044
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$177,613.37
Line 2: Total receipts this period (page 2, line 11)	$ 3,144.59
Line 3: Subtotal (line 1 plus line 2)	$187,757.96
Line 4: Total expenditures this period (page 3, line 14)	$ 4,679.97
Line 5: Ending balance (line 3 minus line 4)	$176,077.99
Line 6: Total in-kind contributions this period (page 4)	$ -
Line 7: Total (all) outstanding liabilities (page 4)	$ -

Line 8: Name of bank(s) used Eastern Bank, Fidelity Investments and SunLife Financial (formerly Keyport Life Insurance)

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:

Janice A. Cronin — 1-18-2011
Treasurer's signature (in ink) — Date
Janice A. Cronin

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

Daniel G. Raymondi — 1-18-2011
Candidate signature (in ink) — Date
Daniel G. Raymondi

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.

This page may be copied 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)
1-1-10 12-31-10	Eastern Bank 63 Franklin Street, Quincy, MA	52	57	Interest on account
8-14-10	Joseph R. Grigalunas 37 Charlesmount Avenue, Quincy	75	00	
1-1-10 12-31-10	Sun Life Financial	2,954	42	Interest on account
Line 9: Total receipts in excess of $50 (or listed above)		3,081	99	
Line 10: Total receipts $50 and under* (not listed above)		62	60	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3,144	59	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.

This page may be copied 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	
5-12-10	Barrett, Stephen V. Memorial Golf Tournament 6 Baker Avenue, Braintree, MA 02184		Hole Sponsor Donation/	100	00
12-5-10	BJ's Wholesale Club,	200 Crown Colony, Quincy	Holiday gifts	232	77
12-18-10	Clifford's Florist	Hancock Street, Quincy	Flowers constit.	53	13
4-21-10	Home Depot	Willard Street, Quincy	Landscaping	67	56
4-22-10	Home Depot	Willard Street, Quincy	Supplies for	32	98
5-12-10	Home Depot	Willard Street, Quincy	Upkeep of City	46	18
5-14-10	Home Depot	Willard Street, Quincy	Maintained	20	61
6-25-10	Home Depot	Willard Street, Quincy	Parcel	44	80
4-18-10	Inn at Bay Pointe Res.	Washington Court, Quincy	Gift	350	00
11-21-10	Inn at Bay Pointe Restaurant	" " "	Certificates	520	00
10-13-10	Interfaith Social Services	105 Adams St., Quincy	Donation	35	00
1-12-10	Interfaith Social Services	105 Adams St., Quincy	Donation	25	00
5-3-10	Marshall, Clifford H.	Foundation, Weymouth, MA	Donation	100	00
2-13-10	Masterson, Edward, Esquire	Quincy, MA	Income Tax Prep	200	00
12-21-10	National Wine & Liquor	Falls Blvd., Quincy	Senior Parties	82	88
7-16-10	Quincy Arts Festival	Quincy, MA	Advertisement	75	00
2-24-10	Quincy Democratic City	Committee, Quincy	Dues	40	00
10-6-10	Quincy Democratic City	Committee, Quincy	F.R. Ticket	50	00
1-16-10	QHS Hockey Boosters	Quincy, MA	Donation	200	00
8-24-10	QHS Hockey Boosters	Quincy, MA	Hole Sponsor	125	00
2-24-10	QHS Senior Night Out	Quincy, MA	Donation	100	00
2-24-10	QHS Senior Night Out	Quincy, MA	Donation	50	00
1-12-10	Quincy Sun Newspaper	Quincy, MA	Advertisement	99	00
6-19-10	Quincy Sun Newspaper	Quincy, MA	Advertisement	99	00
1-12-10	Sharyn T. Raymondi	88 Elm St., Quincy	Reimbursement	58	53
3-22-10	Sharyn T. Raymondi	88 Elm St., Quincy	Reimbursement	121	24
4-5-10	Sharyn T. Raymondi	88 Elm St., Quincy	Reimbursement	77	47
4-10-10	Sharyn T. Raymondi	88 Elm St., Quincy	Reimbursement	86	82
4-28-10	Sharyn T. Raymondi	88 Elm St., Quincy	Reimbursement	162	31
5-26-10	Sharyn T. Raymondi	88 Elm St., Quincy	Reimbursement	95	08
6-30-10	Sharyn T. Raymondi	88 Elm St., Quincy	Reimbursement	100	29
8-13-10	Sharyn T. Raymondi	88 Elm St., Quincy	Reimbursement	51	08
10-06-10	Sharyn T. Raymondi			65	33
		Line 12: Expenditures over $50			
		Line 13: Expenditures $50 and under*			
Enter on page 1, line 4		Line 14: TOTAL EXPENDITURES			

*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 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 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	N/A			
		Line 15: In-kind over $50		–
		Line 16: In-kind $50 and under		–
Enter on page 1, line 6		**Line 17: Total In-kind**		–

* 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
	N/A			
Enter on page 1, line 7		Line 18: OUTSTANDING LIABILITIES (ALL)		–

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Form CPF R 1 : Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by t person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: Sharyn T. Raymondi

Committee Name: Com to Elect Daniel B. Raymondi CPF ID #:

Amount of Reimbursement: $ 77.47

Date of Reimbursement: 4-5-2010

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
4-1-10	Lindt Chocolate Store, Manc	Candy - Gifts	29	47
4-3-10	Stop + Shop Qcy	Flowers - Gift	15	ω
4-1-10	Christmas Tree Shops	Greeting Cards	11	ω
3-30-10	Walgreens, Quincy	Gift Basket TV Constituent	20	ω
3-26-10	Trader Joe's, Hanover	Cards	2	ω
		Expenditures in excess of $50 (listed above)		
		Expenditures $50 and under (not listed above)		
		TOTAL AMOUNT REIMBURSED	77	47

Signed under the penalties of perjury:

Sharyn T. Raymondi 4-5-10

Signature of Candidate/Treasurer **Date**

Please use a separate sheet for each reimbursement check issued.

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Name of Individual Being Reimbursed: Sharyn T. Raymondi

Committee Name: Com to Elect Daniel G. Raymondi CPF ID #:

Amount of Reimbursement: $ 121.24

Date of Reimbursement: 3-22-10

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
2-5-10	Verizon Wireless Quincy MA	Cell Phone repair	9	99
3-17-10	The Paper Store, Hingham	Greeting Cards	11	31
2-21-10	Amy's Hallmark Store Braintree	Greeting Cards	7	94
2-11-10	Baxter Pharmacy, Qcy	Greeting Cards	4	50
2-21-10	Rite Aid, Quincy.	Greeting Cards	7	42
1-19-10	Cam man Marketplace Quincy	Greeting Cards	8	50
3-20-10	Postmaster Boston	Postage Stamps	17	60
3-20-10	St Joseph's Church	2 Tickets	16	00
3-19-10	Winthrop Hallmark Store	Greeting Cards	3	69
3-17-10	Winthrop Hallmark Store	Greeting Cards	20	23
3-19-10	Christmas Tree Shops Braintree	Cards	14	06
		Expenditures in excess of $50 (listed above)	—	
		Expenditures $50 and under (not listed above)	—	
		TOTAL AMOUNT REIMBURSED	121	24

Signed under the penalties of perjury:

Daniel G. Raymondi 3-22-10

Signature of Candidate/Treasurer **Date**

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Name of Individual Being Reimbursed: Sharyn T. Raymondi

Committee Name: Com to Elect Daniel G. Raymondi CPF ID #:

Amount of Reimbursement: $58 53

Date of Reimbursement: 1/12/2010

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
1-7-10	Postmaster Boston	Postage Stamps Bulletin	24	64
12-26-09	Filenes Basement, Boston	Christmas Cards	19	09
12-30-09	BJ's Wholesale Weymouth, MA	Greeting Cards	5	77
1-12-10	Walmart, Hanover, MA	8½ x 11 Seasonal Paper	9	03
		Expenditures in excess of $50 (listed above)	—	
		Expenditures $50 and under (not listed above)	—	
		TOTAL AMOUNT REIMBURSED	58	53

Signed under the penalties of perjury:

Sharyn T. Raymondi 1/12/2010

Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.

12/96

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Name of Individual Being Reimbursed: Sharyn T. Raymondi

Committee Name: Com to Elect Daniel G. Raymondi CPF ID #:

Amount of Reimbursement: $ 86 82

Date of Reimbursement: 4-10-10

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
4-10-10	Home Depot Quincy	Bulb, Peatmoss etc for City Cared for Plot	86	82
		Expenditures in excess of $50 (listed above)	86	82
		Expenditures $50 and under (not listed above)		
		TOTAL AMOUNT REIMBURSED	86	82

Signed under the penalties of perjury:

Daniel G. Raymondi 4-10-10

Signature of Candidate/Treasurer **Date**

Please use a separate sheet for each reimbursement check issued.

Commonwealth of Massachusetts

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Name of Individual Being Reimbursed: Sharyn T. Raymond

Committee Name: Com to Elect Daniel G. Raymond CPF ID #:

Amount of Reimbursement: $ 162.31

Date of Reimbursement: 4-28-2010

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
4-11-10	Walmart, Qcy	Cards	13	11
4-9-10	Christmas Tree Shop	Cards	7	00
4-11-10	Lindt Choc Shop Weymouth	Gifts - Sec Day	21	18
4-15-10	Star Market, Qcy	Cards	9	11
4-10-10	BJ's Wholesale Weymouth	Cards	5	29
4-25-10	BJ's Wholesale, Qcy	Cards	6	62
4-25-10	City Council Office Staff	Secretary Day Gift	100	00
		Expenditures in excess of $50 (listed above)		
		Expenditures $50 and under (not listed above)		
		TOTAL AMOUNT REIMBURSED	162	31

Signed under the penalties of perjury:

Sharyn T. Raymond 4-28-10

Signature of Candidate/Treasurer **Date**

Please use a separate sheet for each reimbursement check issued.

Formerly Form 203A

12/96

Commonwealth of Massachusetts

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Name of Individual Being Reimbursed: Sharyn T. Raymondi

Committee Name: Com to Elect Daniel Raymondi CPF ID #:

Amount of Reimbursement: $95.08

Date of Reimbursement: 5-26-10

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
5-22-10	Wollaston Garden Club	Plant Sale F.R. Chances -	30	00
5-23-10	St Joe's Com Breakfast	2 Tickets Chances	10	00
5-15-10	Quincy Point Reunion Quincy	Tickets, Chances	30	00
5-23-10	Trader Joes, Hanover	Cards	1	00
5-14-10	Christmas Tree Shop Pembroke	Cards	4	00
5-6-10	Baxter Pharmacy Quincy	Cards	4	08
5-5-10	BJ's Wholesale Quincy	Cards	3	00
5-9-10	Rite Aid Pharmacy Quincy	Cards	9	00
5-14-10	Christmas Tree Shop Pembroke	Toys for Summer Cookout Gifts	4	00
		Expenditures in excess of $50 (listed above)		
		Expenditures $50 and under (not listed above)		
		TOTAL AMOUNT REIMBURSED	95	08

Signed under the penalties of perjury:

Daniel R. Raymondi 5-27-2010

Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.

Formerly Form 203A 12/96

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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by t person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: Sharon T. Raymonds

Committee Name: Com to Elect Daniel Raymonds CPF ID #:

Amount of Reimbursement: $100.29

Date of Reimbursement: 6-30-2010

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
6-11-10	Make a Wish Foundation	Donation	15	00
6-12-10	Hannaford, Oxy	Cards	6	50
6-10-10	BJ's Wholesale, Oxy	Cards	3	00
6-6-10	BJ's Wholesale, Stoughton	Card	2	00
5-27-10	Costco, Avon, MA	Potting Soil City Spot	37	00
5-17-10	Walgreens, Oxy	Card	3	00
5-19-10	Marshalls, Braintree	Candy - Gifts	10	00
6-30-10	BJ's Wholesale, Oxy	Cards	23	79
		Expenditures in excess of $50 (listed above)		
		Expenditures $50 and under (not listed above)		
		TOTAL AMOUNT REIMBURSED	100	29

Signed under the penalties of perjury:

Daniel T. Raymonds 6-30-2010

Signature of Candidate/Treasurer **Date**

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Name of Individual Being Reimbursed: Sharyn T. Raymondi

Committee Name: Com to Elect Daniel Raymondi CPF ID #:

Amount of Reimbursement: $51 01

Date of Reimbursement: 8-13-2010

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
7-29-10	Winthrops Hallmark Store, Hanover	Cards	5	00
7-25-10	Lindt Chocolate Shop	Gifts Candy	13	70
8-7-10	Hannaford Supermarket	Gifts - Summer Toys Cookout	12	54
7-18-10	Christmas Tree Shop	Cards	5	15
7-14-10	Halmark Store	Cards	10	62
10-7-29	Christmas Tree Shop	Plastic Bowls & Summer Cookouts	4	00
		Expenditures in excess of $50 (listed above)	—	—
		Expenditures $50 and under (not listed above)	—	—
		TOTAL AMOUNT REIMBURSED	51	01

Signed under the penalties of perjury:

Signature of Candidate/Treasurer — Date 8-13-2010

Please use a separate sheet for each reimbursement check issued.

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Name of Individual Being Reimbursed: Sharyn T. Raymond

Committee Name: Com to Elect Daniel G. Raymond CPF ID #:

Amount of Reimbursement: $ 65.33

Date of Reimbursement: 10-6-2010

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
9-22-10	Christmas Tree Shop Hanover	Holiday Containers	3	0
10-1-10	Lindt Chocolate Shop	Candy - Gifts	21	18
8-13-10	CVS - Oay	Cards	2	10
9-24-10	Stop+Shop, Pembroke	Toy Gifts / Summer Cookouts	15	41
9-10-10	Stop+Shop, Wingham	Toy Gifts / Summer Cookouts	4	59
8-15-10	Christmas Tree Shop Avon	Cards	5	67
5-7-10	Michaels, Avon	Toy Gifts / Summer Cookouts	6	38
8-10-10	Christmas Tree Shop	Toy Gifts / Summer Cookouts	7	0
		Expenditures in excess of $50 (listed above)		
		Expenditures $50 and under (not listed above)		
		TOTAL AMOUNT REIMBURSED	65	33

Signed under the penalties of perjury:

Daniel G. Raymond 10-6-2010

Signature of Candidate/Treasurer **Date**

Please use a separate sheet for each reimbursement check issued.

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 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	N/A			
		Line 15: In-kind over $50		-
		Line 16: In-kind $50 and under		-
Enter on page 1, line 6		**Line 17: Total In-kind**		-

* 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
	N/A			
Enter on page 1, line 7		Line 18: OUTSTANDING LIABILITIES (ALL)		-

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.