



Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

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File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

CITY CLERK'S OFFICE
QUINCY, MASS. 02169

Fill in dates: Reporting Period Beginning September 3 2011 Ending October 21 2011

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

John C. Cain
Full Name of Candidate (if applicable)
Ward 3 City Council
Office Sought and District
192 South Central Avenue
Residential Address
617 472-5844
Tel. No. (optional)

Committee to Elect John Cain
Committee Name,
Manuel C. Garrido
Name of Committee Treasurer
192 South Central Avenue
Committee Mailing Address
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>1,207.58</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1,110.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>2,317.58</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1,842.82</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>474.76</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>Eastern 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:

[Signature]
Treasurer's signature (in ink)

10/28/11
Date

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:

[Signature]
Candidate signature (in ink)

10/28/11
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.

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)
2011 9/12	Bubencik, Robert + Pauline 230 Everett St., Quincy, MA 02170	\$ 100 00	
9/24	Hannon, Jeffrey 240 S. Central Ave., Quincy, MA 02170	200 00	President 3 Phase Elevator Corp.
10/07	Mahoney, Dennis 228 S. Central Ave., Quincy, MA 02170	100 00	
9/23	Phillips, David 221 Columbus Ave., Boston, MA 02116	200 00	Doctor Private Practice
Line 9: Total receipts in excess of \$50 (or listed above)		\$600 00	
Line 10: Total receipts \$50 and under* (not listed above)		510 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1,110 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.



Commonwealth of Massachusetts

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

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

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

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

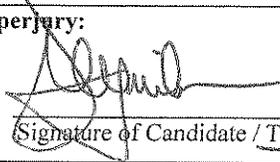
CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/04/11	U.S. POST OFFICE	Beach Street Wollaston, MA 02170	Campaign Office Supplies/ Stamps	\$ 88.00

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	\$ 88.00
	Line 2: Expenditures \$50 or under (not itemized):	0
	Line 3: TOTAL AMOUNT REIMBURSED:	\$ 88.00

Signed under the penalties of perjury:



Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

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

Date of Reimbursement: 10/05/11

Name of Individual Being Reimbursed: Kathleen Cain / 192 S. Central Ave., Quincy, MA 02170

Committee Name: Committee to Elect John Cain

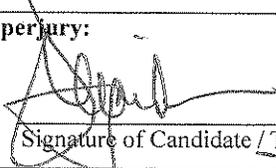
CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/05/11	WEBS.COM	billing@webs.com	Campaign Expense / Website Rental Package	\$179.95

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<u>\$179.95</u>
	Line 2: Expenditures \$50 or under (not itemized):	<u>0</u>
	Line 3: TOTAL AMOUNT REIMBURSED:	<u>\$179.95</u>

Signed under the penalties of perjury:



Signature of Candidate / Treasurer

Date: 10/28/11

Please prepare a separate report for each reimbursement check issued by the committee.

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
Line 15: In-kind over \$50				<input type="radio"/>
Line 16: In-kind \$50 and under				<input type="radio"/>
Line 17: Total In-kind				<input type="radio"/>

Enter on page 1, line 6

* 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
Enter on page 1, line 7				<input type="radio"/>
Line 18: OUTSTANDING LIABILITIES (ALL)				<input type="radio"/>