Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

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CITY CLERKS OFFICE
QUINCY, MASS. 02169

Filed with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2014 Ending Date: December 31, 2014

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

Candidate Full Name (if applicable)

Daniel G. Raymondi

Office Sought and District

88 Elm Street, Quincy, MA 02169

Residential Address

Telephone Number (optional): (617) 479-9044

Committee Name

Committee to Elect Daniel G. Raymondi

Name of Committee Treasurer

Janice A. Cronin, Treasurer

Committee Mailing Address

88 Elm Street, Quincy, MA 02169

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1:	Ending Balance from previous report	174,222.44
Line 2:	Total receipts this period (page 2, line 11)	3,428.05
Line 3:	Subtotal (line 1 plus line 2)	177,650.49
Line 4:	Total expenditures this period (page 3, line 14)	4,450.26
Line 5:	Ending Balance (line 3 minus line 4)	173,200.23
Line 6:	Total in-kind contributions this period (page 4)	0
Line 7:	Total (all) outstanding liabilities (page 4)	0
Line 8:	Name of bank(s) used:	Eastern Bank, Fidelity, Delaware Life (formerly Sun Life Financial

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 (Treasurer's signature) Date: 1-15-2015

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.

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Daniel G. Raymondi (Candidate's signature) Date: 1-15-2015

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)
1-1-2014 thru 12-31-2014	Delaware Life formerly Sun Life Financial P.O. Box 9133 Wellesley Hill, MA 02481	3,421.16	Interest earned on account

ne 9: Total Receipts over $50 (or listed above)	3,421.16
ne 10: Total Receipts $50 and under* (not listed above)	6.89
ne 11: TOTAL RECEIPTS IN THE PERIOD	3,428.05 ← Enter on page 1, line 2

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
10-25-14	Charles Baker Committee		Donation	100.00
10-22-14	Committee to Elect Patrick McDermott	Quincy, Massachusetts	Donation	100.00
7-31-14	Committee to Elect Warren Tolman		Donation	100.00
11-23-14	Costco	Avon, Massachusetts	Candy	391.04
4-23-14	East Bay Grille	Plymouth, Massachusetts	Gift Certificates	200.00
7-24-14 9-14-14	Fabiano Florists Fabiano Florists	Independence Ave,Qcy Independence Ave.Qcy	Flowers Flowers	169.88 276.13
4-15-14 4-29-14	Furnace Brook Landscape Furnace Brook Landscape	Quincy, MA Quincy, MA	Maintenance of City Island	230.00 430.00
4-23-14 7-18-14 12-14-14	Inn at Bay Pointe Restaurant Inn at Bay Pointe Restaurant Inn at Bay Pointe Restaurant	Quincy, MA Quincy, MA Quincy, MA	Gift Certificates Gift Certificates Gift Certificates	150.00 100.00 400.00
9-17-14	QHS/NQHS Football Hall of Fame	Quincy,MA	Donation/AD Tickets	180.00
1-27-14 3-15-14 5-1-14	Sharyn Raymondi Sharyn Raymondi Sharyn Raymondi	88 Elm Street Quincy, MA 02169	See Form CPF R1 forms attached	88.74 97.60 69.91
6-23-14 8-21-14 10-6-14	Sharyn Raymondi Sharyn Raymondi Sharyn Raymondi	88 Elm Street Quincy, MA 02169	See Forms CPF R1 forms attached	112.54 119.97 147.16
10-22-14 11-10-14 12-15-14	Sharyn Raymondi Sharyn Raymondi Sharyn Raymondi	88 Elm STreet Quincy, MA 02169	See Forms CPF R1 forms attached	127.91 137.17 160.07
		Line 12: Total Expenditures over $50 (or listed above)		
		Line 13: Total Expenditures $50 and under* (not listed above)		
Enter on page 1, line 4 →		**Line 14: TOTAL EXPENDITURES IN THE PERIOD**		

* 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 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
4-25-14	Steven Barrett MEmorial	6 Baker Avenue Braintree, MA	Donation Golf event	100.00
12-14-14	Wild Willys Restaurant	Washington Street Quincy, MA	Gift Certificates	150.00
12-31-14	Adjustment			97.14

Line 12: Total Expenditures over $50 (or listed above)	
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

* If you have itemized expenditures of $50 and under, include them in line 12. Line 13 should include only those expenditures 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
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 person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the sam the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: Sharyn T. Raymondi

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

Amount of Reimbursement: $ 88 74

Date of Reimbursement: 1/27/2014

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
1-12-14	Costco, Avon	Candy	11	99
1-12-14	Christmas Tree Shops, Foxboro	Candy	7	96
1-5-14	Christmas Tree Shop Lynnfield	Candy	5	97
1-26-14	Costco, Avon	Postage Stamps, Candy	57	74
1-26-14	Christmas Tree Shops Avon	Cards, Candy	5	08
		Expenditures in excess of $50 (listed above)	57	74
		Expenditures $50 and under (not listed above)	31	00
		TOTAL AMOUNT REIMBURSED	88	74

Signed under the penalties of perjury:

[signature] 1-27-2014

Signature of Candidate/Treasurer **Date**

Please use a separate sheet for each reimbursement check issued.

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Name of Individual Being Reimbursed: Shaun T Raymond

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

Amount of Reimbursement: $97 60

Date of Reimbursement: 3/15/2014

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
2-9-14	Christmas Tree Shops Pembroke	Candy	7	96
2-9-14	Christmas Tree Shop Pembroke	Ribbon for gifts	3	00
2-9-14	AC Moore, Hanover	Bags	6	35
3-3-14	Stop + Shop,	Candy	4	00
2-17-14	Costco, Avon	Candy	26	98
2-21-14	BJ's Quincy	Cards	10	38
3-15-14	Costco, Avon	Candy	26	98
3-15-14	Christmas Tree Shop Avon	Candy	11	94
		Expenditures in excess of $50 (listed above)	—	
		Expenditures $50 and under (not listed above)	—	
		TOTAL AMOUNT REIMBURSED	97	60

Signed under the penalties of perjury:

Signature of Candidate/Treasurer — Date: 3/15/2014

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Name of Individual Being Reimbursed: Sharyn Raymond

Committee Name: Comm to Elect David Raymond CPF ID #:

Amount of Reimbursement: $69.91

Date of Reimbursement: 5/1/2014

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
2-2-14	Costco, Avon, MA	Candy	11	99
2-2-14	Christmas Tree Shop's Avon, MA	Cookies	3	99
4-27-14	Costco, Avon, MA	Candy	30	57
4-27-14	Christmas Tree Shops Foxboro, MA	Candy	23	36
		Expenditures in excess of $50 (listed above)	—	
		Expenditures $50 and under (not listed above)	—	
		TOTAL AMOUNT REIMBURSED	69	91

Signed under the penalties of perjury:

Signature of Candidate/Treasurer — Date: 5/1/2014

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Name of Individual Being Reimbursed: Sharon T. Raymond

Committee Name: Comm to Elect Dan Raymond CPF ID #:

Amount of Reimbursement: $112.54

Date of Reimbursement: 6-23-2014

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
3-18-2014	Halmark Card Store, Quincy, MA	Greeting Cards	23	94
4-17-2014	CVS Braintree, MA	Greeting Card		.52
5-14-14	Hannaford Market Quincy MA	Greeting Cards	9.	38
5-28-14	BJ's Weymouth, MA	Candy	7	49
6-4-14	The Paper Store Hingham, MA.	Card	3	18
6-8-14	Christmas Tree Shop Lynnfield, MA	Candy	15	92
6-22-14	Costco Avon, MA	Candy	40	17
6-22-14	Chrismas Tree Shop Avon MA	Candy	11	94
		Expenditures in excess of $50 (listed above)	—	
		Expenditures $50 and under (not listed above)	12	54
		TOTAL AMOUNT REIMBURSED	112	54

Signed under the penalties of perjury:

Jennifer D. Booth 6/23/14

Signature of Candidate/Treasurer **Date**

Please use a separate sheet for each reimbursement check issued

Formerly Form 203 A

12/96

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Name of Individual Being Reimbursed: Sharon Raymond

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

Amount of Reimbursement: $119.97

Date of Reimbursement: August 21, 2014

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
7-11-14	Christmas Tree Shop Avon, MA	Candy	11	94
7-13-14	Roche Bros MKT Quincy Cards	Cards	6	95
7-22-14	BJ's Stoughton, MA	Candy	18	88
7-20-14	Costco Stoughton, MA	Candy	33	48
8-3-14	BJ's Weymouth, MA	Candy	25	11
8-7-14	Roche Bros MKT Quincy, MA	Cards	6	95
8-14-14	Blackstones Card Shop Boston	Cards	3	72
8-20-14	Christmas Tree Shop W. Yarmouth	Candy	12	94
		Expenditures in excess of $50 (listed above)	—	—
		Expenditures $50 and under (not listed above)	119	97
		TOTAL AMOUNT REIMBURSED	119	97

Signed under the penalties of perjury:

Signature of Candidate/Treasurer — Date: 8/21/2014

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Formerly Form 203A

12/96

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Name of Individual Being Reimbursed: Sharyn T. Raymond

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

Amount of Reimbursement: $

Date of Reimbursement: October 6, 2014

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
9/5/14	Roche Bros, Quincy	Sympathy Cards	6	95
9/22/14	Rite Aide, Quincy	Cards	10	48
10/3/14	BJ's Quincy	Candy	9	99
10/5/14	Christmas Tree Shop, Avon	Candy	15	92
10/5/14	Costco, Avon	Candy, Cookies,	103	82
		Expenditures in excess of $50 (listed above)	103	82
		Expenditures $50 and under (not listed above)	43	34
		TOTAL AMOUNT REIMBURSED	147	16

Signed under the penalties of perjury:

[signature] 10/6/2014

Signature of Candidate/Treasurer **Date**

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Formerly Form 203 A

12/96

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Name of Individual Being Reimbursed: Sharyn T. Raymondi

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

Amount of Reimbursement: $ 127.91

Date of Reimbursement: 10-22-2014

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
9-7-14	The Paper Store, Hingham	Cards	3	71
9-12-14	Trader Joes, Hingham	Card		99
9-11-14	BJ's, Weymouth	Candy	11	99
9-14-14	Christmas Tree Shop, Pembroke	Candy	15	92
9-21-14	Christmas Tree Shop, Avon	Candy	16	92
10-12-14	BJ's, Weymouth	Candy	40	86
10-15-14	Hallmark Stores, Quincy	Cards	22	01
10-20-14	Staples, Weymouth	Card	3	13
10-21-14	BJ's Quincy	Candy, Card	13	38
		Expenditures in excess of $50 (listed above)		
		Expenditures $50 and under (not listed above)	127	91
		TOTAL AMOUNT REIMBURSED	127	91

Signed under the penalties of perjury:

Signature of Candidate/Treasurer — Date: 10/22/14

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Formerly Form 203A

12/96

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Name of Individual Being Reimbursed: Sharyn Raymondi

Committee Name: Com to Elect Daniel Raymond **CPF ID #:**

Amount of Reimbursement: $ 137.17

Date of Reimbursement: 12-15-2014

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
11/9/14	National Liquidators Weymouth, MA	Christmas Candy	20	00
11/9/14	National Liquidators Weymouth, MA	Christmas Candy	20	00
11/16/14	BJ's, Revere, MA	Christmas Candy	7	25
11/19/14	Retirement Party for Jeanne Reardon	2 Tickets	50	00
12-7-14	Christmas Tree Shops Lynnfield, MA.	Candy - office	29	88
12-7-14	Christmas Tree Shops Lynnfield, MA	Paper, Ribbon, Cards	10	00
		Expenditures in excess of $50 (listed above)		
		Expenditures $50 and under (not listed above)	137	17
		TOTAL AMOUNT REIMBURSED	137	17

Signed under the penalties of perjury:

Daniel D. Raymond — 12/15/2014

Signature of Candidate/Treasurer **Date**

Please use a separate sheet for each reimbursement check issued.

Formerly Form 203 A

12/96

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Name of Individual Being Reimbursed: Sharon Raymond

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

Amount of Reimbursement: $160.07

Date of Reimbursement: 11/10/2014

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
9-30-14	Hannafords, Norwell, MA	Postage Stamps	9	80
10-24-14	Walgreens, Quincy, MA	Cards	6	48
10-28-14	Stop+Shop, Quincy, MA	Cards	8	15
11-1-14	Job Lot, Randolph, MA	Christmas Boxes-gift	8	50
11-1-14	Christmas Tree Shop, Avon	Candy	9	95
11-1-14	Costco, Avon, MA	Candy - Gift	33	90
11-1-14	Christmas Tree Shop, Avon	Cards - holidays	10.	44
11-8-14	Post Office, Boston	Stamps for Cards	19	60
11-3-14	CVS, Braintree, MA	Candy	8	25
11-9-14	Job Lot, Kingston, MA	Christmas Boxes	5	00
11-10-14	National Wholesale, Way	Candy	20	00
11-10-14	National Wholesale, Way	Candy	20	00
		Expenditures in excess of $50 (listed above)	—	
		Expenditures $50 and under (not listed above)	160	07
		TOTAL AMOUNT REIMBURSED	160	07

Signed under the penalties of perjury:

Daniel C. Raymond 11/10/14

Signature of Candidate/Treasurer **Date**

Please use a separate sheet for each reimbursement check issued.

12/96