



# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with:  
City or Town Clerk or Election Commission

Reporting Period Beginning	10/29/2011	Ending:	12/31/2011
Type of report: Year-end			
<b>BRIAN MCNAMEE</b>	<b>COMM. TO ELECT BRIAN MCNAMEE</b>		
<i>Full Name of Candidate</i>	<i>Committee Name</i>		
<b>COUNCILLOR</b>	<b>MICHAEL WRIGHT</b>		
<i>Office Sought/ District</i>	<i>Name of Committee Treasurer</i>		
<b>133 COMMANDER SHEA BLVD., QUINCY, MA 02170</b>	<b>75 FAXON LANE, QUINCY, MA 02169</b>		
<i>Residential Address</i>	<i>Committee Mailing Address</i>		

### SUMMARY BALANCE INFORMATION

Line 1: Ending balance from previous report:	\$4,461.31
Line 2: Total receipts this period (Schedule A)	\$510.00
Line 3: Subtotal (line 1 plus line 2)	\$4,971.31
Line 4: Total expenditures this period (Schedule B)	\$4,955.58
Line 5: Ending balance (line 3 minus line 4)	\$15.73
Line 6: Total in-kind contributions this period (Schedule C)	\$0.00
Line 7: Total (all) outstanding liabilities (Schedule D)	\$1,950.00
Line 8: Name of bank(s) used	<u>CITIZENS BANK</u>

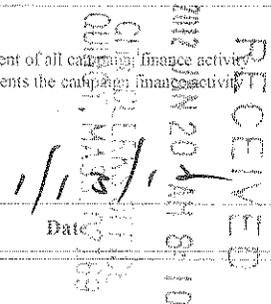
#### Affidavit of Committee Treasurer:

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 and 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:

Treasurer's signature (in ink)

Date



#### 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, and 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, and 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 (in ink)

Date

11/13/12

## 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.

Date	Name and Residential Address	Amount	Occupation and Employer
12/15/2011	BRIAN, MCNAMEE 133 COMM. SHEA BLVD. Quincy, MA 02171	\$100.00	
11/14/2011	KAPS, JEFFREY 105 BAYSIDE ROAD Quincy, MA 02171	\$100.00	
11/14/2011	PARRILLO, ANDREW 1001 MARINA DR #101 Quincy, MA 02171	\$100.00	
11/4/2011	PIPEFITTERS LU 537 35 TRAVIS STREET ALLSTON, MA 02134 Principal Officer: DANA KELLY	\$100.00	
Line 9: Total Receipts in excess of \$50 or listed above		\$400.00	
Line 10: Total Receipts \$50 and under		\$110.00	
Line 11: Total Receipts in the period		\$510.00	

## 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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Residential Address	Amount	Purpose
11/1/2011	AMERICAN DIRECTOR GROUP, INC 1350 CONN. AVE. NW, WASHINGTON, DC, 20036	\$421.54	ROBO CALLS
11/1/2011	BRIAN MCNAMEE 133 COMM.SHEA BLVD. Quincy, MA 02171	\$1,016.03	Reimbursement (See R1)
11/4/2011	BRIAN MCNAMEE 133 COMM.SHEA BLVD. Quincy, MA 02171	\$921.03	Reimbursement (See R1)
12/5/2011	BRIAN MCNAMEE 133 COMM.SHEA BLVD. Quincy, MA 02171	\$700.00	Reimbursement (See R1)
11/17/2011	CITIZENS BANK HANCOCK STREET Quincy, MA 02169	\$2.50	BANK CHARGE
12/26/2011	CITIZENS BANK HANCOCK STREET Quincy, MA 02169	\$55.48	BANK CHARGE
11/1/2011	LOLA TOM 457 HANCOCK STREET Quincy, MA 02171	\$118.80	MAILER
11/9/2011	LOLA TOM 457 HANCOCK STREET Quincy, MA 02171	\$13.20	MAILER
11/1/2011	QUINCY DEM. CITY COMM. 298 FENNO STREET Quincy, MA 02170	\$100.00	committee breakfast

Date	Name and Residential Address	Amount	Purpose
11/1/2011	QUINCY SUN HANCOCK STREET Quincy, MA 02169	\$1,248.00	ADS
12/1/2011	QUINCY SUN HANCOCK STREET Quincy, MA 02169	\$259.00	ADS
12/2/2011	QUINCY SUN HANCOCK STREET Quincy, MA 02169	\$100.00	ADS
Line 12: Expenditures over \$50		\$4,955.58	
Line 13: Expenditures \$50 and under		\$0.00	
Line 14: Total Expenditures in the period		\$4,955.58	

## 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.*

Date	Name and Residential Address	Value	Description/ Occupation and Employer
		\$0.00	

Line 15: Total in-kind listed above	\$0.00
Line 16: Total in-kind not listed above	\$0.00
<b>Line 17: Total in-kind in the period</b>	<b>\$0.00</b>

## 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 the liabilities incurred during this reporting period.*

<b>Date incurred</b>	<b>To Whom Due</b>	<b>Amount</b>	<b>Purpose</b>
12/23/2005	BRIAN MCNAMEE 133 COMM.SHEA BLVD. Quincy, MA 02171	\$550.00	CANDIDATE LOAN
2/9/2006	BRIAN MCNAMEE 133 COMM.SHEA BLVD. Quincy, MA 02171	\$300.00	CANDIDATE LOAN
5/24/2006	BRIAN MCNAMEE 133 COMM.SHEA BLVD. Quincy, MA 02171	\$100.00	CANDIDATE LOAN
11/16/2007	BRIAN MCNAMEE 133 COMM.SHEA BLVD. Quincy, MA 02171	\$1,000.00	CANDIDATE LOAN
	<b>Line 18: Outstanding liabilities (ALL)</b>	<hr/> \$1,950.00	

## Schedule EA: Assets Acquired

Date Acquired	Asset description & location	Amount	Manner Acquired
		\$0.00	
	Total Assets listed above	\$0.00	

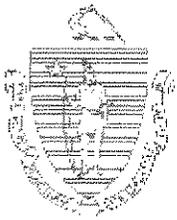
## Schedule ED: Assets Disposed

Date Disposed	Asset description	Disposed To:	Value	Manner Disposed
			\$0.00	
		Total Assets listed above	\$0.00	

## Schedule R: Reimbursements

The following is a list of all reimbursements issued during the relevant reporting period. This schedule only contains summary information, please review the individual R-1 form to see the detail of the reimbursement.

Date	Reimbursee	Amount
11/1/2011	MCNAMEE, BRIAN	\$1,016.03
11/4/2011	MCNAMEE, BRIAN	\$921.03
12/5/2011	MCNAMEE, BRIAN	\$700.00
	<b>Total Reimbursements</b>	<b>\$2,637.06</b>



# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with: Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108

(617) 727-8352

Individual Being Reimbursed:

**BRIAN MCNAMEE**

CPF ID: \_\_\_\_\_

Committee Name:

COMM. TO ELECT BRIAN MCNAMEE

Amount Of Reimbursement:

\$1,016.03

Date Of Reimbursement:

11/1/2011

### ITEMIZE EXPENDITURES OF \$50 OR MORE

Date Paid	Vendor Name And Address	Purpose Of Expenditure	Amount
8/8/2011	BIG DADDY SIGNS PO BOX 783634 WINTER GARDENS FL 34778	STANDS/SIGNS	\$1,016.03

Please use a separate reimbursement form for each check issued.

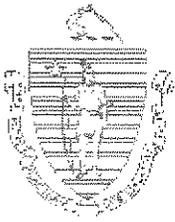
Expenditures in excess of \$50 (listed above)	<b>\$1,016.03</b>
Expenditures of \$50 and under (not itemized)	\$0.00
<b>TOTAL AMOUNT REIMBURSED</b>	<b>\$1,016.03</b>

signed under the penalties of perjury:

Signature of Candidate/Treasurer

Date

11/1/2011



# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with: Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108

(617) 727-8352

Individual Being Reimbursed:

**BRIAN MCNAMEE**

CPF ID: \_\_\_\_\_

Committee Name:

COMM. TO ELECT BRIAN MCNAMEE

Amount Of Reimbursement:

\$921.03

Date Of Reimbursement:

11/4/2011

### ITEMIZE EXPENDITURES OF \$50 OR MORE

Date Paid	Vendor Name And Address	Purpose Of Expenditure	Amount
9/17/2011	DANNYS HARDWARE 53 BILLINGS RD Quincy MA 02171	SIGNS SUPPLIES	\$25.48
10/21/2011	CLIFFORD FLOWERS HANCOCK STREET Quincy MA 02169	FLOWERS	\$10.00
10/20/2011	MURPHYS TWIN SHAMROCK HANCOCK STREET Quincy MA 02170	FUNDRAISER	\$50.25
9/13/2011	WALGREENS 29 NEW DERBY STREET Salem MA 01970	ENVELOPES	\$6.24
9/4/2011	STAPLES 757 GALLIVAN BLVD Dorchester MA 02122	COPIES	\$111.56
9/30/2011	CITY OF QUINCY 1305 HANCOCK STREET Quincy MA 02169	EXCISE TAX	\$27.50
10/28/2011	ACCUDATA METRO PARKWAY FT.MYERS FL 33916	DATA BASE	\$250.00
10/27/2011	POST OFFICE FORT POINT STATION Boston MA 02205	postage	\$440.00

Please use a separate reimbursement form for each check issued.

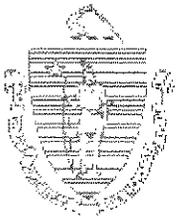
Expenditures in excess of \$50 (listed above)	\$921.03
Expenditures of \$50 and under (not itemized)	\$0.00
<b>TOTAL AMOUNT REIMBURSED</b>	<b>\$921.03</b>

signed under the penalties of perjury:

Signature of Candidate/Treasurer

Date

11/18/11



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

Commonwealth  
of Massachusetts

File with: Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108

(617) 727-8352

Individual Being Reimbursed: **BRIAN MCNAMEE** CPF ID: \_\_\_\_\_  
 Committee Name: **COMM. TO ELECT BRIAN MCNAMEE**  
 Amount Of Reimbursement: **\$700.00**  
 Date Of Reimbursement: **12/5/2011**

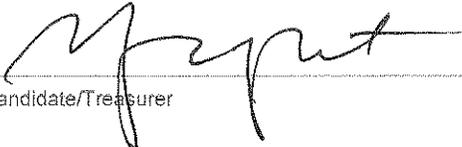
**ITEMIZE EXPENDITURES OF \$50 OR MORE**

Date Paid	Vendor Name And Address	Purpose Of Expenditure	Amount
11/10/2011	GOLDEN MANET PRESS 86 ROBERTSON STREET Quincy MA 02169	MAILING	\$700.00

Please use a separate reimbursement form for each check issued.

Expenditures in excess of \$50 (listed above)	<b>\$700.00</b>
Expenditures of \$50 and under (not itemized)	\$0.00
<b>TOTAL AMOUNT REIMBURSED</b>	<b>\$700.00</b>

signed under the penalties of perjury:

  
 \_\_\_\_\_  
 Signature of Candidate/Treasurer

  
 \_\_\_\_\_  
 Date