



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

Reporting Period dates:

Beginning Date: January 1, 2013

Ending Date: December 31, 2013

Type of Report: (Check one)

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

Daniel G. Raymondi

Candidate Full Name (if applicable)

Office Sought and District

88 Elm Street, Quincy, Massachusetts 02169

Residential Address

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

Committee to Elect Daniel G. Raymondi

Committee Name

Janice A. Cronin, Treasurer

Name of Committee Treasurer

88 Elm Street, Quincy, Massachusetts 02169

Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ <u>175,183.19</u>
Line 2: Total receipts this period (page 2, line 11)	<u>3,274.49</u>
Line 3: Subtotal (line 1 plus line 2)	<u>178,457.68</u>
Line 4: Total expenditures this period (page 3, line 14)	<u>4,235.24</u>
Line 5: Ending Balance (line 3 minus line 4)	\$ <u>174,222.44</u>
Line 6: Total in-kind contributions this period (page 4)	<u>-</u>
Line 7: Total (all) outstanding liabilities (page 4)	<u>-</u>
Line 8: Name of bank(s) used:	<u>Eastern Bank, Fidelity, SunLife Financial</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:

Janice A. Cronin (Treasurer's signature)

Date: 1-17-2014

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, 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. 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: 1-17-2014

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
2-15-13	QHS Senior Nite Out	Quincy, MA	Donation	100.00
9-25-13	Quincy Youth Baseball	Quincy, MA	Donation	100.00
1-15-13	Quincy Youth Hockey	Quincy, MA	Donation	200.00
2-4-13	Sharyn Raymondi	88 Elm St., Quincy, MA	Reimbursement	78.00
2-7-13	Sharyn Raymondi	88 Elm St., Quincy, MA	Reimbursement	165.27
6-15-13	Sharyn Raymondi	88 Elm St., Quincy, MA	Reimbursement	89.13
7-22-13	Sharyn Raymondi	88 Elm St., Quincy, MA	Reimbursement	206.38
9-1-13	Sharyn Raymondi	88 Elm St., Quincy, MA	Reimbursement	102.02
9-25-13	Sharyn Raymondi	88 Elm St., Quincy, MA	Reimbursement for refreshment for Mtg.	47.71
10-06-13	Sharyn Raymondi	88 Elm St., Quincy, MA	Reimbursement	87.68
11-05-13	Sharyn Raymondi	88 Elm St., Quincy, MA	Reimbursement	37.17
11-29-13	Sharyn Raymondi	88 Elm St., Quincy, MA	Reimbursement	179.82
12-03-13	Sharyn Raymondi	88 Elm St., Quincy, MA	Reimbursement	84.90
12-31-13	Sharyn Raymondi	88 Elm St., Quincy, MA	Reimbursement	201.06
12-08-13	Trader Joe's	Hingham, MA	Gifts	52.15
11-05-13	Village Gardens	Norwell, MA	Raffle Item-1000 So.	
			Artery Fair	52.01
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.



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 a 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.

Name of Individual Being Reimbursed: Sharyn T. Raymond

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

Amount of Reimbursement: \$ 89.13

Date of Reimbursement: 6/15/2013

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
2-16-13	COSTCO Wholesale Avon, ma	Candy	25	18
2-16-13	Christmas Tree Shop Avon, MA	Candy	8	00
2-24-13	Christmas Tree Shop Avon, MA	Candy	3	98
3/20/13	Christmas Tree Shop Avon, MA	Candy	4	00
3-15-13	Rite Aid Highden, MA.	Card	2	00
2-30-13	Christmas Tree Shop Avon, MA	Candy	8	00
5-18-13	BJ's, Oay, MA	Candy	9	99
6-15-13	Christmas Tree Shop Avon, MA	Candy	4	00
6-15-13	COSTCO Wholesale Avon, MA	Candy	23	98
Expenditures in excess of \$50 (listed above)			89	13
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			89	13

Signed under the penalties of perjury:

Daniel G. Raymond

Signature of Candidate/Treasurer

Date

6/15/13

Please use a separate sheet for each reimbursement check issued.



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Name of Individual Being Reimbursed:

Shawn Raymond
Com to Elect

Committee Name:

Daniel G. Raymond CPF ID #: _____

Amount of Reimbursement:

\$ 47 71

Date of Reimbursement:

9/25/2013

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	Amount
9/25/2013	Dunkin Donuts, Oay	Coffee muffins for meeting	47	71
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)			47	71
TOTAL AMOUNT REIMBURSED			47	71

Signed under the penalties of perjury:

Amel B. Shari
Signature of Candidate/Treasurer

9/25/13
Date

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: \$87 68
 Date of Reimbursement: 10-6-2013

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
8-6-13	Christmas Tree Shop Avon, MA	Card	2	14
8-6-13	Costco, Avon, MA	Candy	11	99
8-6-13	Christmas Tree Shop Avon, MA	Candy	12	94
8-30-13	Christmas Tree Shop Pembroke	Candy	17	96
9-29-13	Christmas Tree Shop Falmouth	Candy	14	93
10-5-13	Christmas Tree Shop Lynnfield	Candy	6	97
10-6-13	Costco, Avon, MA	Candy	23	98
10-6-13	Christmas Tree Shop Avon, MA	Cards - Getwell	6	77
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			87	68

Signed under the penalties of perjury:

Daniel G. Raymond
 Signature of Candidate/Treasurer

10-15-13
 Date

Please use a separate sheet for each reimbursement check issued.



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Name of Individual Being Reimbursed: Sharon T. Raymond

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

Amount of Reimbursement: \$ 37.17

Date of Reimbursement: 11/5/2013

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
10-11-13	Amy's Hallmark Shop Quincy, MA	Card - Sympathy	3	71
10-11-13	BJ's Weymouth MA	Candy	7	74
10/18/13	Gift Garden Milton, MA	Cards	5	70
10-11-13	CVS Quincy, MA	Cards - Get Well	2	99
11-4-13	BJ's Quincy, MA	Candy	17	03
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)			37	17
TOTAL AMOUNT REIMBURSED			37	17

Signed under the penalties of perjury:

Janice S. Brown 11/4/13

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. Raymond

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

Amount of Reimbursement: \$ 179.82

Date of Reimbursement: 11-29-13

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
11/24/13	National Whole Sale Liquidators, Dorchester	Gifts Christmas	179	82
Expenditures in excess of \$50 (listed above)			179	82
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			179	82

Signed under the penalties of perjury:

Sharyn T. Raymond

Signature of Candidate/Treasurer Date

11/29/13

Please use a separate sheet for each reimbursement check issued.



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Name of Individual Being Reimbursed: Sharyn T. Raymond

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

Amount of Reimbursement: \$ 201.06

Date of Reimbursement: Dec 31, 2013

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
10-17-13	B J's Wholesale Quincy, MA	Christmas Candy and Cards Christmas	19	58
11/3/13	Christmas Tree Shops Avon, MA	Candy	14	94
11/3/13	Costco Avon, MA	Cookies / Candy	23	78
11/5/13	Walgreens Weymouth, MA	Candy	1	74
11/15/13	Amy's Hallmark Store Quincy, MA	Sympathy, Get Well Thank you Cards	9	53
12/11/13	Dunkin Donuts Quincy, MA	Gift Cards / Holiday	100	00
12/13/13	B J's Weymouth, MA	Card - Sympathy	2	49
12-15-13	Costco Avon, MA	Candy, Cookies Holiday Gifts	23	00
12/15/13	Christmas Tree Shop Avon, MA	Candy	6	00
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			201	06

Signed under the penalties of perjury:

Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.