



# 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 January 1, 2012 Ending December 31, 2012

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

Committee to Elect Daniel G. Raymond  
Full Name of Candidate (if applicable)

Committee to Elect Daniel G. Raymond  
Committee Name

88 Elm Street, Quincy, MA 02169  
Residential Address  
(617) 479-9044  
Tel. No. (optional)

Janice A. Cronin  
Name of Committee Treasurer  
88 Elm Street, Quincy, MA 02169  
Committee Mailing Address  
(617) 479-9044  
Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>175,392.06</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>3,425.93</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>178,817.99</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>3,634.80</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>175,183.19</u>
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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, Fidelity, Sun Life 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 (in ink)

January 22, 2013  
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:

Daniel G. Raymond  
Candidate signature (in ink)

January 22, 2013  
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)
12-31-12	Adjustment for two (2) checks not cashed	225	00	
1-1-12 through 12-31-12	Sun Life Financial Interest on Account	3,160	23	
Line 9: Total receipts in excess of \$50 (or listed above)		3,385	23	
Line 10: Total receipts \$50 and under* (not listed above)		40	70	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3,425	93	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	
5-6-12	Steven M. Barrett Memorial Fund 6 Baker Ave., Braintree, MA		Donation-Golf Event Hole sponsor	100	00
2-16-12	Committee to Elect Brad Croall Quincy, MA		Donation	100	00
8-30-12	Committee to Elect Mike Donovan Boston, MA		Donation	100	00
3-8-12	Committee to Elect John Gillis Quincy, MA		Donation	100	00
1-25-12	Committee to Elect Margaret Laforest Quincy, MA		Donation	100	00
10-4-12	Committee to Elect Patrick McDermott Quincy, MA		Donation	125	00
11-28-12	Committee to Elect Michael McFarland Quincy, MA		Donation	100	00
6-19-12	Committee to Elect Brian Palmucci		Donation	25	00
9-20-12	Committee to Elect Brian Palmucci		Donation	50	00
8-10-12	GI Ginger Betty Foundation Quincy, MA		Donation	100	00
4-21-12	Home Depot, Quincy, MA		Landscaping supplies	140	61
4-22-12	Home Depot, Quincy, MA		City Island	69	29
5-2-12	Home Depot, Quincy, MA			48	85
4-25-12	Inn at Bay Pointe Restaurant, Quincy, MA		Gift Certificates	275	00
12-10-12	Inn at Bay Pointe Restaurant, Quincy, MA		Gifts Certificates	505	00
7-3-12	Lady Presidents Basketball Quincy, MA		Donation	100	00
2-21-12	Edward Masterson, Esquire Quincy, MA		Income Tax Prep	200	00
5-2-12	Q.H.S. BBAA Quincy, MA		Ad and ticket purchase	145	00
7-20-12	Quincy High School Football Memorial Donation Quincy, MA			100	00
Line 12: Expenditures over \$50				3,492	80
Line 13: Expenditures \$50 and under*				142	00
<b>Line 14: TOTAL EXPENDITURES</b>				<b>3,634</b>	<b>80</b>

Continued on next page)

Enter on page 1, line 4

\*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 - PAGE 2 Continued

Date	To Whom Paid	Address	Purpose	Amount
3-6-12	Quincy High School Senior Night Out		Donation	100.00
10-3-12	Quincy, MA		Donation	100.00
5-10-12	Quincy Point Panthers			
	Quincy, MA		Donation	100.00
9-6-12	Quincy Youth Basketball			
	Quincy, MA		Donation	100.00
8-2-12	Quints House of Flowers			
	Quincy, MA		Flowers	113.25
3-6-12	Sharyn T. Raymondi			
11-13-12	Sharyn T. Raymondi		Reimbursement-Gifts	22.88
11-28-12	Sharyn T. Raymondi		Reimbursement-Gifts	69.93
12-9-12	Sharyn T. Raymondi		Reimbursement-Gifts	83.67
			and stamps	
			Reimbursement-Gifts	69.93
5-10-12	Ward Two Civic Association			
	Quincy, MA		Donation	100.00
12-10-12	Wild Willy's Restaurant			
	Quincy, MA		Holiday Gifts	150.00







# 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 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.

Name of Individual Being Reimbursed: Sharyn T. Raymond

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

Amount of Reimbursement: \$ 6993

Date of Reimbursement: \_\_\_\_\_

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount
12-9-12	COSTCO Stackwell Drive, Avon, MA	17 Gift-holiday #999 each Gaddy	69 93
Expenditures in excess of \$50 (listed above)			69 93
Expenditures \$50 and under (not listed above)			
<b>TOTAL AMOUNT REIMBURSED</b>			<b>69 93</b>

Signed under the penalties of perjury:

Signature of Candidate/Treasurer \_\_\_\_\_ Date 1-22-12

