



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

Fill in Reporting Period dates: Beginning Date: Jan 1st 2019 Ending Date: Oct 28 2019

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

Ryan Egan
Candidate Full Name (if applicable)
Randolph Town Council At-Large
Office Sought and District
3 Marsden Circle Randolph
Residential Address
E-mail: Ryan@CouncilorEgan.com
Phone # (optional): 781-964-3021

The Egan Committee
Committee Name
3 Marsden Circle, Randolph
Name of Committee Treasurer
Committee Mailing Address
E-mail: Ryan@CouncilorEgan.com
Phone # (optional): 781-964-3021

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>—</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1765</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1765</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1400</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>365</u>
Line 6: Total in-kind contributions this period (page 6)	<u>—</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>—</u>
Line 8: Name of bank(s) used:	<u>Rockland Trust</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) Date: 10/1/2019

FOR CANDIDATE FILINGS ONLY: 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's signature) Date: 10/1/2019

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	
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Line 13: Expenditures \$50 and under* (not listed above)	
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Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THE PERIOD	
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* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

RECIEPTS

Amount	Name
\$200	Stacy Mealey
\$200	Karen Egan
\$100	The Powers Committee
\$100	Matthew Sisk
\$100	Theresa Buie
\$100	Julie Hall
\$100	Jane Mc Laughlin
\$865	Aggregate Funds \$50 and under
\$1,765	TOTAL

EXPENSES

Amount	Name
\$110	Postage
\$1,200	Mailer
\$90	Phone Outreach
\$1,400	TOTAL

Reciepts	\$1,765
Expenses	\$1,400
Cash on Hand	\$365

Address	Occupation (\$200 or above)
274 Ash St Manchester NH 03104	Nurse / BMC
83 Oakton Ave Dorchester MA	Retired
P.O. Box 850263 Braintree MA	N/A
9 Canavan Dr Braintree MA	N/A
631 North St Randolph MA	N/A
140 North Main St Attleboro MA	N/A
15 Hickory St Randolph MA	N/A
-	N/A
-	-

Company	Address
US Post Office	Randolph MA
BrandItBoston	Peabody
MyAutoBlast.com	N/A