Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning 01 19 2012 Ending 12 31 2012

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

Hong L. Net
Full Name of Candidate (if applicable)
Councilor at Large
Office Sought and District
20 Holyoke Street
Residential Address
281-738-6293
Tel. No. (optional)

Committee to Elect Hong Net
Committee Name
Thavra Net
Name of Committee Treasurer
20 Holyoke Street
Committee Mailing Address
281-309-7777
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report $70,24
Line 2: Total receipts this period (page 2, line 11) $3775.00
Line 3: Subtotal (line 1 plus line 2) $3805.24
Line 4: Total expenditures this period (page 3, line 14) $840.00
Line 5: Ending balance (line 3 minus line 4) $2965.24

Line 6: Total in-kind contributions this period (page 4) $-
Line 7: Total (all) outstanding liabilities (page 4) $-
Line 8: Name of bank(s) used Eastern Bank

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:

Treasurer's signature (in ink) 01/17/13

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
☐ 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, 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.
Signed under the penalties of perjury:

Candidate signature (in ink) 01/17/13

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.

(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.)

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Name and Residential Address (alphabetical listing required)</th>
<th>Amount</th>
<th>Occupation &amp; Employer (for contributions of $200 or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/02/12</td>
<td>Ann, Lee 215 Verona St. Lynn, MA 01904</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>06/02/12</td>
<td>Bohlin, Peter 500 Atlantic Ave. Boston, MA 02310</td>
<td>200.00</td>
<td>Businessman</td>
</tr>
<tr>
<td>06/02/12</td>
<td>Brown, Susan 21 Lafayette Pl. Lynn, MA 01903</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>Cahill, Daniel 20 Belleaire Ave. Lynn, MA 01904</td>
<td>150.00</td>
<td></td>
</tr>
<tr>
<td>06/02/12</td>
<td>Chek, Charles 728 Western Ave. Lynn, MA 01905</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>Lyra, Jeff 15 Harris St. Marblehead, MA 01965</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>Till, Thomas 38 Mary Ellen St. Lynn, MA 01904</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>06/02/12</td>
<td>Fiocchitti, Robert 142 Alley St. Lynn, MA 01902</td>
<td>100.00</td>
<td>Retired</td>
</tr>
<tr>
<td>12/01/12</td>
<td>Fiocchitti, Robert 142 Alley St. Lynn, MA 01902</td>
<td>100.00</td>
<td>Retired</td>
</tr>
<tr>
<td>12/01/12</td>
<td>Fortucci, Richard 32 Harmon St. Lynn, MA 01905</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>06/02/12</td>
<td>Francois, Garth 71 Michigan Ave. Lynn, MA 01902</td>
<td>125.00</td>
<td>unemployed</td>
</tr>
<tr>
<td>12/01/12</td>
<td>Francois, Garth 71 Michigan Ave. Lynn, MA 01902</td>
<td>100.00</td>
<td>unemployed</td>
</tr>
</tbody>
</table>

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

1,225.00

**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.
<table>
<thead>
<tr>
<th>Date Received</th>
<th>Name and Residential Address (alphabetical listing required)</th>
<th>Amount</th>
<th>Occupation &amp; Employer (for contributions of $200 or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/02/12</td>
<td>Gaeta, Charles 132 Range Heights Rd. Lynn, MA 01904</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>Gaeta, Charles 132 Range Heights Rd. Lynn, MA 01904</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>6/02/12</td>
<td>Garrigan, James 41 Seaview Ave. Marblehead, MA 01965</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>Gaultier, Stephen 63 Centennial Ave. Revere, MA</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>Ko, Sake 98 Hanover St. Lynn, MA 01902</td>
<td>60.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>Moutoubacalis 40 Magnolia Rd. Swampscott, MA</td>
<td>75.00</td>
<td></td>
</tr>
<tr>
<td>6/02/12</td>
<td>McGrath, Patrick 20 Health Court Lynn, MA 01905</td>
<td>100.00</td>
<td>Businessman</td>
</tr>
<tr>
<td>12/01/12</td>
<td>McGrath, Patrick 20 Health Court Lynn, MA 01905</td>
<td>100.00</td>
<td>Businessman</td>
</tr>
<tr>
<td>12/01/12</td>
<td>Nguyen, Le 12 Ocean st. Lynn, MA 01902</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>6/02/12</td>
<td>Oum, David 29A Harmony Rd. Spring Valley, NY</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>6/02/12</td>
<td>Peou, Emily 104 Essex St. Saugus, MA 01906</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>Peou, Sinath 41 Royal St. Lowell, MA 01852</td>
<td>150.00</td>
<td></td>
</tr>
</tbody>
</table>

Line 9: Total Receipts over $50 (or listed above) 1,035.00

Line 10: Total Receipts $50 and under* (not listed above) 0.00

Line 11: TOTAL RECEIPTS IN THE PERIOD

* 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 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.)

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Name and Residential Address (alphabetical listing required)</th>
<th>Amount</th>
<th>Occupation &amp; Employer (for contributions of $200 or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/02/12</td>
<td>Pheng, Anh 61 Rumford St. Lowell, MA 01852</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>Pich, Yuth 70 John Mooney Rd. Pease, MA</td>
<td>150.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>Pies, Sokhoen 12 Princeton Ter Lynn, MA 01905</td>
<td>150.00</td>
<td></td>
</tr>
<tr>
<td>6/02/12</td>
<td>Robishaw, Shanna 21 Blanch St. Lowell, MA 01851</td>
<td>150.00</td>
<td></td>
</tr>
<tr>
<td>6/02/12</td>
<td>Rosario, Aric 35 Baltimore St. Lynn, MA 01902</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>6/02/12</td>
<td>Saing, Kiriath 44 Vailmont Ave Lynn, MA 01904</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>Saing, Kiriath 44 Vailmont Ave Lynn, MA 01904</td>
<td>150.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>Saly, Vanna 4 Aspen St. Lynn, MA 01905</td>
<td>75.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>SIU, Samnah 47 Liberty St. Danvers, MA 01923</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>12/01/12</td>
<td>Tinh, Sohann 32 Arlington St. Lynn, MA 01902</td>
<td>250.00</td>
<td>Home Care Worker</td>
</tr>
<tr>
<td>12/01/12</td>
<td>Touch, Boly 51 Leighton St Lynn, MA 01902</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>6/02/12</td>
<td>Solimine, David 426 Broadway Lynn, MA 01904</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

Line 9: Total Receipts over $50 (or listed above) 1,475.00

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

* 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.

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>To Whom Paid (alphabetical listing)</th>
<th>Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>18/01/12</td>
<td>Chopstix Restaurant</td>
<td>855 Western Ave, Lynn, MA 01905</td>
<td>Food for party</td>
<td>400 00</td>
</tr>
<tr>
<td>6/02/12</td>
<td>Franco-American</td>
<td>535 Western Ave, Lynn, MA 01902</td>
<td>Hall</td>
<td>100 00</td>
</tr>
<tr>
<td>12/01/12</td>
<td>Franco-American</td>
<td>535 Western Ave, Lynn, MA 01902</td>
<td>Hall</td>
<td>100 00</td>
</tr>
<tr>
<td>6/02/12</td>
<td>Stop 'n Shop</td>
<td>35 Washington St, Lynn, MA 01901</td>
<td>Supplies for party</td>
<td>240 00</td>
</tr>
</tbody>
</table>

Line 12: Expenditures over $50

Line 13: Expenditures $50 and under*

Line 14: TOTAL EXPENDITURES $400 00

*aIf you have itemized expenditures of $50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3
**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.

<table>
<thead>
<tr>
<th>Date Received</th>
<th>From Whom Received*</th>
<th>Residential Address</th>
<th>Description of Contribution</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter on page 1, line 6

Line 15: In-kind over $50

Line 16: In-kind $50 and under

Line 17: Total In-kind

* If an in-kind contribution is received from a person who contributes more than $50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is $200 or more, you must also report the contributor's occupation and employer.

**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 those liabilities incurred during this reporting period.

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>To Whom Due</th>
<th>Address</th>
<th>Purpose</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Enter on page 1, line 7

Line 18: OUTSTANDING LIABILITIES (ALL)

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.
Schedule E
Disclosure of Assets Statement
Office of Campaign and Political Finance

File with: Director
Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

CPF ID# ______________

This form should be filed by all candidates and committees with each year end and each dissolution report.
Committee Name: ___________________________ Date of report: _______________________

All candidates and committees must fill in part A or part B.

Part A:
☐ No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:
Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

<table>
<thead>
<tr>
<th>Asset</th>
<th>Date Acquired</th>
<th>Present Location</th>
<th>Manner Acquired</th>
<th>Cost/Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

<table>
<thead>
<tr>
<th>Asset</th>
<th>Date Acquired</th>
<th>Disposition to: Name and Address</th>
<th>Date and Manner of Disposition</th>
<th>Disposition Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/ value of $1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

Candidate signature ___________________________ Date ____________

Treasurer signature ___________________________ Date ____________

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period. 5/95