



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2013 OCT 25 A 9:08  
LYNN ELECTION OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="948.04"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="855.26"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1,803.3"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1,260.74"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="542.56"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="25"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Metro Credit Union"/>

**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) Date:

**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:  (Candidate's signature) 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
09/11/2013	Denning, Katharine 40 Atherton Street Somerville, MA 02143	75	
09/13/2013	Fiocoprile, Robert 142 Alley Street Lynn, MA 01902	50	
10/07/2013	Jaeger, James 69 Cherokee Circle #201 Madison, WI 53704	100	
09/13/2013	Murrell-Rosario, Ariana 35 Baltimore Street Lynn, MA 01902	75	
10/16/2013	Wilson, Steven 1475 Mass Avenue, Unit 345 Lexington, MA 02420	100	
Line 9: Total Receipts over \$50 (or listed above)		400	
Line 10: Total Receipts \$50 and under* (not listed above)		455.26	
Line 11: TOTAL RECEIPTS IN THE PERIOD		855.26	← 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.

(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
09/28/2013	Jaeger, Jesse (Candidate)	7 Williams Place Lynn, MA 01902	Reimbursement for Stamps, Fundraiser Invite Cards (Liability from 1/1/13 - 9/5/13 Report)	134.04
09/28/2013	Jaeger, Jesse (Candidate)	7 Williams Place Lynn, MA 01902	Reimbursement for Stamps, Labels, Primary Day Food & Envelopes	156.31
09/28/2013	Jaeger, Natalie	7 Williams Place Lynn, MA 01902	Reimbursement for Food Purchased for 9/13/13 Fundraiser	221.14
10/16/2013	Thriftco Printing	26 Howley Street Peabody, MA 01960	Payment for 5,000 Palm Cards	743.54
Line 12: Total Expenditures over \$50 (or listed above)				1,255.03
Line 13: Total Expenditures \$50 and under* (not listed above)				5.71
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				1,260.74

\* 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 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				25
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<b>25</b>

\* 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.





Commonwealth of Massachusetts

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

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

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.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):  Telephone Number (optional):

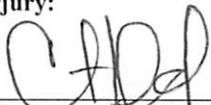
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/3/13	United States Postal Service	245 Maple St. Lynn, MA 01904	Stamps for Fundraiser Invites	99.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text" value="99.00"/>
Line 2: Expenditures \$50 or under (not itemized):	<input type="text" value="35.04"/>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<input type="text" value="134.04"/>

Signed under the penalties of perjury:

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

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



# 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, Room 411  
Boston, MA 02108  
(617) 979-8300

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.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):

Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/28/13	United States Postal Service	245 Maple St. Lynn, MA 01904	Reimbursement for Stamps	92.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

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

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

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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.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):

Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/13/13	Mandeess Pizza	65 Goodridge St. Lynn, MA 01902	Food for 9/13/13 Fundraiser	55.64
9/13/13	New Angkor Thom Market	331-341 Essex St. Lynn, MA 01902	Food for 9/13/13 Fundraiser	60.00
9/10/13	Tony Tipico, Inc.	268 Essex St. Lynn, MA 01902	Food for 9/13/13 Fundraiser	50.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.