



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2013 SEP - 5 P 2 52
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="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="2,992.67"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="2,992.67"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="2044.63 CA"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="948.04 CA"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="276.9"/>
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)
03/16/2013	Benzschawel, Carrie 2431 N. Fairfield Avenue Chicago, IL 60647	100	
07/19/2013	Byers, Peter 11221 Academy Ridge Road Albuquerque, NM 87111	50	
03/27/2013	Carrasco, Maria 301 Maple Street Lynn, MA 01904	50	
03/22/2013	Copelas, Peter 40 Warren Street Salem, MA 01970	50	
04/28/2013	Cox, Duncan 1 Webster Street Salem, MA 01970	50	
03/23/2013	Farrell, Frances 137 Peterborough Street Boston, MA 02215	50	
04/19/2013	Fiocoprile, Robert 142 Alley Street Lynn, MA 01902	100	
06/08/2013	Graber, Lena 18 Perry Street, Apt. 3 Cambridge, MA 02139	100	
06/05/2013	Holbein, Lynn 227 Islington Road Auburndale, MA 02445	100	
02/23/2013	Jaeger, Andrew 69 Cherokee Circle, #201 Madison, WI 53704	200	US Foreign Service Officer; US State Department
02/23/2013	Jaeger, Jesse (Candidate) 7 Williams Place Lynn, MA 01902	100	
06/08/2013	Jaeger, Jesse (Candidate) 7 Williams Place Lynn, MA 01902	55.97	
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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
05/07/2013	The Keenan Committee 68 Dearborn Street Salem, MA 01970	50	
06/08/2013	Koehler, Julia Ruth 92 Dunster Road, Apt. 1 Jamaica Plain, MA 02130	50	
03/27/2013	Martel, Michael 33 Bates Road Swampscott, 01907	50	
03/27/2013	Net, Hong 20 Holyoke Street Lynn, MA 01905	50	
05/11/2013	Net, Hong 20 Holyoke Street Lynn, MA 01905	50	
05/15/2013	Nowka, Scott 7B Lynn Shore Drive, Unit 22 Lynn, MA 01902	100	
03/16/2013	Rutcosky, Charlene 8314 E. Bridgeport Avenue Spokane, WA 99212	200	
08/09/2013	Rutcosky, Charlene 8314 E. Bridgeport Avenue Spokane, WA 99212	200	
08/29/2013	Scott, Rebecca 62 Arlington Street Medford, MA 02155	100	
06/08/2013	Smith, Linda 295 Clinton Road Brookline, MA 02445	50	
06/30/2013	Snell, Jeffrey 7 West Terrace Salem, MA 01970	50	
Line 9: Total Receipts over \$50 (or listed above)		2,255.97	
Line 10: Total Receipts \$50 and under* (not listed above)		736.7	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,992.67	← 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
06/08/2013	Compare Supermarket	2 Adams Street Lynn, MA 01902	Food Purchased for Fundraiser; Out-of-Pocket Expense Contributed by Candidate 6/8/13	32.91
03/27/2013	Jaeger, Jesse (Candidate)	7 Williams Place Lynn, MA 01902	Reimbursement - Payment for Campaign Website to Wordpress; See Form R1	99
03/27/2013	Jaeger, Jesse (Candidate)	7 Williams Place Lynn, MA 01902	Reimbursement - Purchase of Campaign Bumper Stickers from Park Press; See Form R1	324.26
04/27/2013	Jaeger, Jesse (Candidate)	7 Williams Place Lynn, MA 01902	Reimbursement - Purchase of 5,000 Campaign Door Hangers from Park Press; See Form R1	691.37
06/14/2013	Jaeger, Jesse (Candidate)	7 Williams Place Lynn, MA 01902	Reimbursement - Purchase of 100 Campaign Signs from Thriftco; See Form R1	526.57
03/27/2013	Rincon Macorisano	350 Washington Street Lynn, MA 01902	Food Purchased from Restaurant for Campaign Fundraiser	110
06/08/2013	Sullivan Liquor	196 Essex Street Lynn, MA 01902	Beverages for Fundraiser; Out- of-Pocket Expense - See Candidate Contribution 6/8/13	55.97
Line 12: Total Expenditures over \$50 (or listed above)				1,840.08
Line 13: Total Expenditures \$50 and under* (not listed above)				204.55
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,044.63

* 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
05/11/2013	Jaeger, Natalie (Co-Headmaster, Boston Public School System)	7 Williams Place Lynn, MA 01902	Food Purchased from Monte's Restaurant for Campaign Fundraiser	100
07/21/2013	Jaeger, Natalie (Co-Headmaster, Boston Public School System)	7 Williams Place Lynn, MA 01902	Food Purchased from Market Basket for Campaign Barbeque	151.9
Line 15: In-Kind Contributions over \$50 (or listed above)				251.9
Line 16: In-Kind Contributions \$50 & under (not listed above)				25
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				276.9

* 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.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	



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:	03/27/2013
Name of Individual Being Reimbursed:	Jesse Jaeger (Candidate)	
Committee Name:	Committee to Elect Jesse Jaeger	
CPF ID Number (if applicable):	46-2073952	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
01/30/2013	Park Press Printers	15 Main Street Saugus, MA 01906	Payment for Campaign Website (www.jessejaeger.com)	\$99.00
03/13/2013	Staples	17 Paradise Road Salem, MA 01970	Payment for Invitation Cards for 3/27/13 Fundraiser & Snacks for Campaign Meetings	\$41.50
03/15/2013	Park Press Printers	15 Main Street Saugus, MA 01906	Payment for 125 Campaign Bumper Stickers	\$324.26

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	464.76
Line 2: Expenditures \$50 or under (not itemized):	7.26
Line 3: TOTAL AMOUNT REIMBURSED:	472.02

Signed under the penalties of perjury:

 Signature of Candidate / Treasurer

Date: 09/05/2013

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



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
04/18/2013	Park Press Printers	15 Main Street Saugus, MA 01906	Payment for 5,000 Campaign Door Hangers	\$691.37

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text" value="691.37"/>
Line 2: Expenditures \$50 or under (not itemized):	<input type="text"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input type="text" value="691.37"/>

Signed under the penalties of perjury:



Signature of Candidate / Treasurer

Date:

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



Commonwealth of Massachusetts

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Boston, MA 02108
(617) 979-8300

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Date of Reimbursement:		06/17/2013
Name of Individual Being Reimbursed:	Jesse Jaeger (Candidate)	
Committee Name:	Committee to Elect Jesse Jaeger	
CPF ID Number (if applicable):	46-2073952	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
06/14/2013	Thiftco Printing	26 Howley Street Peabody, MA 01960	Payment for 100 Campaign Signs	\$526.57
(Include items listed on Page 2) →			Line 1: Expenditures in excess of \$50 (itemized above):	526.57
			Line 2: Expenditures \$50 or under (not itemized):	
			Line 3: TOTAL AMOUNT REIMBURSED:	526.57

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 09/05/2013

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



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:		08/12/2013
Name of Individual Being Reimbursed:	Jesse Jaeger (Candidate)	
Committee Name:	Committee to Elect Jesse Jaeger	
CPF ID Number (if applicable):	46-2073952	Telephone Number (optional):

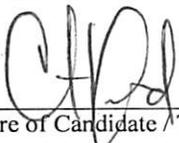
ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
05/02/2013	United States Postal Service	245 Maple Street Lynn, MA 01902	Payment Stamps Purchased for 5/11/13 Fundraiser Invitations	\$19.80

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	19.8
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	19.8

Signed under the penalties of perjury:



 Signature of Candidate / Treasurer

Date: 09/05/2013

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



Commonwealth of Massachusetts

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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:		08/12/2013
Name of Individual Being Reimbursed:	Tom Sheehan	
Committee Name:	Committee to Elect Jesse Jaeger	
CPF ID Number (if applicable):	46-2073952	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	
Line 2: Expenditures \$50 or under (not itemized):	27.25
Line 3: TOTAL AMOUNT REIMBURSED:	27.25

Signed under the penalties of perjury:



 Signature of Candidate / Treasurer

Date: 09/05/2013

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