

Form CPF M 102: Campaign Finance Report

Municipal Form

LYNN ELECTION OFFICE

Office of Campaign and Political Finance

· 2014 JAN 28 P 5: 55 ·

	File with; City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	29 203 Ending Date: 12 3 1 2019
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)	Committee To Flect Jake Keo
Ward 5 City Courcil of Lynn Office Sought and District	Samang Reo Name of Committee Treasurer
98 Hanover Stapt, Lynn, ma 01902 Residential Address	98 Honover St, Apt I Lynn, MA 0/90 Committee Mailing Address
Telephone Number (optional): (781) 244-943 [Telephone Number (optional): (978) 239 - 7595
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line	e 14) 632
Line 5: Ending Balance (line 3 minus line 4)	632
Line 6: Total in-kind contributions this period (page 1)	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	632
Line 8: Name of bank(s) used: Communi	y Credit Union
Affidavit of Committee Treasurer:	,
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind c linance activity of all persons acting under the authority or on behalf of this committee in a	Ontributions and liabilities for this conceins assist and assessment
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate check I box	s only)
andidate 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 activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee QR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign
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	
Date Received	(aiphabetical listing required)	Amount	(for contributions of \$200 or more)	
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ine 9: Total Receip	ots over \$50 (or listed above)	0		
ne 10: Total Recei	pts \$50 and under* (not listed above)	0		
ne 11: TOTAL R	ECEIPTS 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)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
	·			
			[
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			}	
	}			
1				
Line 9: Total Recei	pts over \$50 (or listed above)			
Line 10: Total Rece	ipts \$50 and under* (not listed above)		1	
 			1	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
If you have itemized	receints of \$50 and under include them in line	O. Lina 10 alass		

^{*} 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.)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
11/1/13	Rose Sanders	95 Tromontst Lynn MA 01902	sign Holding	128	
11 08/13	John Hawkins	26 Lambert Ave Lynn, MA 01902	Sign Holdug	2:32	
11/09B	Scott Baldwin	77 Baldwn st Lynn MA 01905	Sign Holding	272	
		Line 12: Total Expenditures over \$50 (or listed above)			
		Line 13: Total Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			631	
* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

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

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
	Line 13: Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

^{*} 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)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} 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.

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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
11/06/3	Jake Keo	98 Hanover St My	Sign Holding	632
				-
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				632