



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

LYNN ELECTION OFFICE

Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: **8/3/17** Ending Date: **10/22/17**

Type of Report: (Check one)

8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

**Cherish Rashida Casey**

Candidate Full Name (if applicable)

**School Committee, Lynn, MA**

Office Sought and District

**1 Kingsley Terr, Lynn, MA**

Residential Address

Telephone Number (optional):

**Committee to elect Cherish Casey**

Committee Name

**Wendy Joseph**

Name of Committee Treasurer

**36 Rockaway St., Lynn, MA**

Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$0
Line 2: Total receipts this period (page 3, line 11)	\$1774.02
Line 3: Subtotal (line 1 plus line 2)	\$1774.02
Line 4: Total expenditures this period (page 5, line 14)	\$487.93
Line 5: Ending Balance (line 3 minus line 4)	\$1286.09
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	\$180
Line 8: Name of bank(s) used:	<b>St Jean's Credit Union</b>

#### 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: *Wendy Joseph* (Treasurer's signature)

Date: **10/24/17**

#### 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: *Cherish Casey* (Candidate's signature)

Date: **10/24/17**

## 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)
9/17/17	ActBlue Massachusetts, P.O. Box 441146 somerville, MA 02144	\$48.02	
8/3/17	Shawanda Ainuahwosu, 108 Cottage St Lynn, Ma	\$10	
10/5/17	Margaret Barmack, 42 Walker Rd Swampscott, MA	\$50	
10/5/17	Deborah Boggs, 42 Walker Rd Swampscott, MA	\$25	
8/11/17	Thomas & Susan Cheatham 37 Devens Rd, Swampscott, MA	\$36	
8/3/17	Dr. Claire Crane, 22 Peachtree St. Lynn, MA	\$50	
8/3/17	Joe D'Amore, 99 Yorktown St. Somerville, MA	\$25	
10/6/17	Clint Dalton, 55 Labor in Vain Rd Ipswich, MA	\$250	Attorney at 'Clint Dalton, Attorney at Law'
9/3/17	Anne Erde, 39 Boylston St Jamaica Plain, MA	\$20	
9/9/17	Lewis Finfer, 119 Adams St Dorchester, MA	\$30	
8/3/17	Marsha Finklestein, 2 Clifton Ave Salem, MA	\$20	
9/3/17	Rosemary Scott Fishburn, 17 Beacon St Gloucester, MA	\$20	
Line 9: Total Receipts over \$50 (or listed above)		\$634.02	
Line 10: Total Receipts \$50 and under* (not listed above)		\$0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		next page	← 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)
8/3/17	Elizabeth Fortes, 25 Magner Rd Lynn, MA	\$10	
8/3/17	David Gass, 150 Lynnway Lynn, MA	\$100	
8/3/17	Emily Jodoin, 48 Mayfair St Lynn, MA	\$100	
8/3/17	Wendy Joseph, 36 Rockaway St Lynn, MA	\$20	
8/3/17	Andrew Kamau, 29 Greenwood Ave Lynn, MA	\$50	
8/3/17	Mary Klug, 19 Sagamore Rd Marblehead, MA	\$20	
10/5/17	Kathleen Lique, 141 Washington St Salem, MA	\$25	
8/3/17	Teka Lumumba, 10 Anoka Pl Lynn, MA	\$10	
10/5/17	Eileen Haley Mathieu & Owen Mathieu, 44 Longview Rd Marblehead, MA	\$50	
8/3/17	Carole McCawley, 39 Village St Marblehead, MA	\$25	
10/5/17	Teri M Motley 7 Dustin Ln Jaffrey, NH	\$30	
8/3/17	Darrell Murkinson 9 Manson St Lynn, MA	\$25	
8/3/17	Nadine Murkinson, 9 Manson St Lynn, MA	\$25	
Line 9: Total Receipts over \$50 (or listed above)		\$1124.02	
Line 10: Total Receipts \$50 and under* (not listed above)		\$0	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		next page	← 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

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)
10/7/17	R Lynn Nadau, 10 Surf St Marblehead, MA	\$100	
8/3/17	Esther Ngolow, 59 Bridge St Beverly, MA	\$50	
9/3/17	Kalen O'Hare, 9 Griffin Terr Lynn, MA	\$10	
8/3/17	Gabriel Pitcher, 167 Brickford St Lynn, MA	\$45	
8/3/17	Pamela & Jay Poppe, 24 Wolcott Rd Lynn, MA	\$60	
10/5/17	Michael Rauworth & Nancy Cantelmo, 31 Summer St Nahant, MA	\$25	
10/5/17	Rebekah K Richardson, 58 Winter St Nahant, MA	\$100	
8/3/17	David Simmons, 19 Sachem St Lynn, MA	\$20	
8/3/17	Shayn Smulyan & Elizabeth Miller, 103 Eastern Ave. Lynn, MA	\$60	
9/4/17	Monica Somerville, 8277 Thorn Apple Hill Phattsburgh, NY	\$50	
8/3/17	Angela Spann, 215 Walnut St Lynn, MA	\$20	
10/5/17	Anne & Paul Spirin, 36 Maolis Rd Nahant, MA	\$35	

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

\$1699.02

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

\$0

Line 11: TOTAL RECEIPTS IN THE PERIOD

next page

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)
10/5/17	Judith Walsh 33 High St Nahant, MA	\$25	
9/16/17	Victoria Weinstein, 50 Phillips Ave Lynn, MA	\$50	
Line 9: Total Receipts over \$50 (or listed above)		<b>\$1774.02</b>	
Line 10: Total Receipts \$50 and under* (not listed above)		<b>\$0</b>	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$1774.02</b>	← 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
8/3/17	Lenny Alvarez	40 Rogers Ave. Lynn MA	Photography	\$100
8/3/17	April's Pub and Grill	41 Buffum St, Lynn MA	Fundraiser food	\$92.18
9/5/17	Full Color	26 Joyce St, Lynn MA	Printing	\$118
9/2/17	No Ceilings Movement	P.O. Box 2177 Lynn, MA	Donation	\$50
9/5/17	St. Jeans Credit Union	250 Maple St Lynn MA	Fee for returned check	\$7.25
9/5/17	St. Jean's Credit Union	250 Maple St Lynn, MA	Fee for returned check	\$7.25
9/5/17	St. Jean's Credit Union	250 Maple St Lynn, MA	Fee for returned check	\$7.25
9/5/17	St. Jean's Credit Union	250 Maple St Lynn, MA	returned check	\$50
9/5/17	St. Jean's Credit Union	250 Maple St Lynn, MA	returned check	\$36
9/5/17	St. Jean's Credit Union	250 Maple St Lynn, MA	returned check	\$20
Line 12: Total Expenditures over \$50 (or listed above)				\$487.93
Line 13: Total Expenditures \$50 and under* (not listed above)				\$0
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>\$487.93</b>

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



