



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

LYNN ELECTION OFFICE

2017 AUG 30 P 1:37

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 11/18/2017 Ending Date: 8/29/2017

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

Lorraine M. Gately  
Candidate Full Name (if applicable)

Lynn School Committee  
Office Sought and District

123 Edgemere Rd  
Residential Address

Telephone Number (optional): 781-820-7742

Committee to Elect Lorraine Gately  
Committee Name

Paul E. Gately  
Name of Committee Treasurer

123 Edgemere Rd  
Committee Mailing Address

Telephone Number (optional): 781-731-3112

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>342.06</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1930.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2272.06</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2092.31</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>179.75</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>3,143.41</u>
Line 8: Name of bank(s) used:	<u>Santander Bank</u>

**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: Paul E. Gately (Treasurer's signature) Date: 8/29/17

**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: Lorraine M. Gately (Candidate's signature) Date: 8/29/17

## 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)
6/12/17	James Cowdell. 3 Mary Ellen Drive LYNN, MA.	100.00	
6/12/17	Brant Duncan 100 Commonwealth Rd LYNN, MA.	100.00	
5/30/17	Paul Gately 123 Edgemere Rd LYNN, MA. 01904	100.00	
6/13/17	John Henry 454 Summer St LYNN, MA.	100.00	North Shore Heating Supply Company
6/12/17	Mark Johnston 341 Linwood St LYNN, MA.	75.00	
6/6/17	Claire Potter 84 Lake Ave LYNN, MA.	75.00	
Line 9: Total Receipts over \$50 (or listed above)		<del>400.00</del>	550.00
Line 10: Total Receipts \$50 and under* (not listed above)		<del>1526.00</del>	1380.00
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1930.00</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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</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
8/29/17	Connolly Printing	17B Gill St Woburn, MA.	Palm Cards and Bumper Stickers	826.63
1/17	Dominic Steadman Classical Soccer	235 O'Callahan Way LYNN MA.	Soccer Donation	25.00
6/12/17	Old Tyme Italian Restaurant	Boston St. LYNN, MA.	Fundraiser/food	200.00
6/26/17	Quality Logo	724 N Highland Ave Aurora, IL.	4th of July Giveaway Frizbees	298.68.
7/17	LYSOA INC,	298 UNION ST LYNN, MA	Dinner/Donation	75.00
6/15/17	LYSOA INC,	298 UNION ST LYNN, MA	Youth Boxing Tournament Sponser/donation	100.00
7/3/17	LYSOA INC.	298 UNION ST LYNN, MA.	Youth - Flag Football Tournament Sponser/donation	100.00
Jan-Aug 2017.	Santander Bank.	Broadway LYNN, MA.	Monthly bank Charges	105.00
8/3/17	Shoe City Basketball <del>Team</del>	MARION Gardens LYNN, MA	Basketball - Tournament Donation/Sponser	200.00
5/31/17	US Post office	Maple St. LYNN, MA.	Stamps for mailing Fundraiser Invitations	147.00
Line 12: Total Expenditures over \$50 (or listed above)				2077.31
Line 13: Total Expenditures \$50 and under* (not listed above)				15.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2092.31

Enter on page 1, line 4 →

\* 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)				<input type="text"/>
Line 16: In-Kind Contributions \$50 & under (not listed above)				<input type="text"/>
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<input type="text"/>

\* 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
10/5/15	Lorraine Gately	123 Edgemere Rd LYNN, MA.	Campaign Supplies	1,000.00
10/5/15	Lorraine Gately	123 Edgemere Rd LYNN, MA	Campaign Supplies	1,000.00
10/2/13	Lorraine Gately	123 Edgemere Rd LYNN, MA	Campaign Supplies	800.00
6/20/13	Lorraine Gately	123 Edgemere Rd LYNN, MA.	Campaign Supplies	74.38
6/13/13	Lorraine Gately	123 Edgemere Rd LYNN, MA	Campaign Supplies	269.03

Enter on page 1, line 7 →

**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

**3,143.41**