



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

LYNN ELECTION OFFICE

2017 APR 11 A 10:14

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2/25/17 Ending Date: 4/10/17

Type of Report: (Check one)

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

BALLOT QUESTION
Candidate Full Name (if applicable)

Office Sought and District

Residential Address

E-mail:

Phone # (optional):

TWO SCHOOLS FOR LYNN
Committee Name

BARTLEY J. CONLON
Name of Committee Treasurer

133 COMMONWEALTH RD LYNN 01904
Committee Mailing Address

E-mail: BARTLEY CONLON 133@COMCAST.NET

Phone # (optional): 781-599-6277

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 10,805.00
Line 2: Total receipts this period (page 3, line 11)	\$ 6,217.00
Line 3: Subtotal (line 1 plus line 2)	\$ 17,022.00
Line 4: Total expenditures this period (page 5, line 14)	\$ 16,461.86
Line 5: Ending Balance (line 3 minus line 4)	\$ 560.14
Line 6: Total in-kind contributions this period (page 6)	-0-
Line 7: Total (all) outstanding liabilities (page 7)	\$ 3065.00
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: Bartley J Conlon (Treasurer's signature) Date: 4/10/17

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: _____ (Candidate's signature) Date: _____

TWO SCHOOLS FOR LYNN

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)
3/4/17	38 CHAUNCEY ST BOSTON AFL-CIO AFT MASSACHUSETTS	\$ 400.00	POLITICAL EDUCATION FUND
2/26/17	AMERICAN POSTAL WORKERS PO BOX 2825	\$ 100.00	
2/28/17	BARTON, PATRICIA 198 LOLYST ST. LYNN	\$ 100.00	
3/10/17	CALNAN, EDWARD 17 CHERRY TREE LANE, LYNN	\$ 100.00	
3/10/17	CONLON, DIANE LYNN 133 COMMONWEALTH RD	\$ 200.00	RETIRED LYNN TEACHER
3/11/17	COMM TO ELECT BRENDAN CRIGHTON 9 PURDON AVE. LYNN	\$ 250.00	STATE REPRESENTATIVE
3/1/17	DUNCAN, BRANT 100 COMMONWEALTH RD LYNN	\$ 200.00	TEACHER CITY OF LYNN
3/2/17	GATELY, LORRAINE 123 EDGEWATER RD, LYNN	\$ 100.00	
3/20/17	GILCHRIST MARY BETH 23 HILDA RD, LYNN	\$ 75.00	
3/10/17	GOSNELL THOMAS 141 FOREST ST WINCHESTER	\$ 200.00	PRESIDENT MASS. TEACHERS ASSOC.
3/10/17	JARROBIND, THOMAS 323 FOREST AVE SWAMPSCOTT	\$ 100.00	
3/20/17	KNIGHTS OF PYTHIAS 251 MAPLE ST LYNN	\$ 400.00	FRATERNAL ORGANIZATION
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.

TWO SCHOOLS FOR LYNN

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/10/17	LAPIERRE, BRIAN 2 RAND ST. LYNN	\$250.00	MANAGER MASS TEACHERS ASSOC
3/8/17	LYNN SCHOOL ADMINISTRATORS 100 BENNETT ST LYNN	\$250.00	ADMINISTRATORS UNIT LYNN SCHOOLS
2/26/17	MANCANIELLO, JENNIFER 13 NORTHBRIDGE CIR. LYNN	\$200.00	ADMINISTRATOR LYNN SCHOOLS
3/2/17	MCGEE, THOMAS COMM. TO ELECT 9 PINE RD LYNN	\$250.00	STATE SENATOR
3/10/17	LAPIERRE, CAROLINE 291 JENESS ST. LYNN	\$100.00	
3/2/17	MCGLYNN, JOHN 4 NORMAN ST SALEM	\$250.00	SELF EMPLOYED LAWYER
3/20/17	NET HONG 20 HOLYOKE ST LYNN	\$100.00	
2/17/17	POTTER, JULIE 36 DAYTONA RD LYNN	\$75.00	
2/28/17	SPINUCCI, EMILY 12 SUNSET RD NAHANT	\$100.00	
3/7/17	TEAMSTERS LOCAL 42 96 FORD ST LYNN	\$100.00	
3/2/17	THOMAS, GALE 53 RICHARDSON RD LYNN	\$100.00	
3/10/17	ZUKOWSKI, ERIN 102 PHAETON ROCK LYNN RD	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)	\$4100.00		
Line 10: Total Receipts \$50 and under* (not listed above)	\$217.00		
Line 11: TOTAL RECEIPTS IN THE PERIOD	6217.00		← 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.

TWO SCHOOLS FOR LYNN

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
3/20/17	ACT BLUE MASS	P.O. BOX 441146 SOMERVILLE, MA	FUND RAISING COMMISSION	\$ 19.30
3/2/17	CONNOLLY PRINTING	17 B GILL ST. WOBURN, MA	LAPEL STICKERS 5000 PLASTIC SIGNS 100 125 RALLY SIGNS	\$ 9110.40
3/14/17	CONNOLLY PRINTING	17 B GILL ST WOBURN, MA	8000 POSTCARDS + MAILING	\$ 1243.42
3/14/17	CSC SOLUTIONS	2 BRADISH FARM RD UPTON, MA	VOTER REGISTRATION SURVEY	\$ 500.00
3/2/17	DEHM, OLIVIA	24 DEARBORN RD SOMERVILLE, MA.	CONSULTING	\$ 500.00
3/10/17	DELUXE CHECKS	410 BROADWAY LYNN, MA.	CHECKS	\$ 9.95
3/14/17	ESSEX MEDIA GROUP	110 MUNROE ST LYNN, MA.	QUARTER PAGE COLOR AD	\$ 500.00
3/17/17	FIELD FIRST	9 MOTT ST ARLINGTON, MA	CONSULTING, STAFFING, ADS, + HUB DIALER	\$ 3,000.00
3/10/17	KNIGHTS OF PYTHIAS	251 MAPLE ST LYNN, MA	HALL RENTAL	\$ 250.00
2/26/17	PARK PRESS	15 MAIN ST SAUGUS, MA.	2000 PALM CARDS	\$ 632.65
3/1/17	PARK PRESS	15 MAIN ST SAUGUS, MA	500 POST CARDS	\$ 196.14
3/21/17	REID, SEAN	74 GLENWOOD ST LYNN, MA 01902	CONSULTING	\$ 500.00
Line 12: Total Expenditures over \$50 (or listed above)				\$ 16,461.86
Line 13: Total Expenditures \$50 and under* (not listed above)				- 0 -
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$ 16,461.86

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.

TWO SCHOOLS FOR LYNN

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.

TWO SCHOOLS FOR LYNN
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				- 0 -

* 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. Page 6

Two Schools For Lynn

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
3/10/17	FIELD FIRST	9 MOTT ST. ARLINGTON, MA	CONSULTING STAFFING, + HUB DIALER	\$ 2565.00
2/1-3/21	REID, SEAN	74 GLENWOOD ST LYNN, MA	CONSULTING	\$500.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$ 3065.00