



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CITY OF LYNN
ELECTION OFFICE
OCT 20 12 12 2021

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

09/01/2021

Ending Date:

10/20/2021

Type of Report: (Check one)

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

Jandra M Lopez
Candidate Full Name (if applicable)

Slopes Campaign
Committee Name

24 June Lane, Lynn MA 01902
Office Sought and District

Christopher D. Poro
Name of Committee Treasurer

Sandry Kipp @ gmail.com
Residential Address

24 June Lane, Lynn MA 01902
Committee Mailing Address

Telephone Number (optional): 339 970 1877

Telephone Number (optional): 781-513-8391

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

60.00

Line 2: Total receipts this period (page 3, line 11)

148.00

Line 3: Subtotal (line 1 plus line 2)

208.00

Line 4: Total expenditures this period (page 5, line 14)

737.52

Line 5: Ending Balance (line 3 minus line 4)

-529.52

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7)

-529.52

Line 8: Name of bank(s) used:

Eastern Bank

note: the account has \$3.64.
Because to protect the closings
of it.

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:

Christopher Poro

(Treasurer's signature)

Date:

10/20/2021

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:

Jandra M Lopez

(Candidate's signature)

Date:

10/20/2021

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)
7/21/2021	Texture Hair Salon Luzhilda A osoria	50. ⁰⁰	Texture Hair Salon 69 Exchange St.
7/18/2021	Act Blue MA	48. ⁰⁰	PO BOX 441146 Somerville
7/18/2021	Andrea Cohen	50. ⁰⁰	35 Lincoln House Pt. Swampscott

Line 9: Total Receipts over \$50 (or listed above)	148. ⁰⁰
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. Page 2

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)			
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 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
08/06/21	staples	17 Paradise Rd Salem	flyers / copies	98.57
08/05/21	Staples	"	"	31.00
9/6/21	Home Depo	50 trade way Salem	Supplies for make affixes	13.09
9/7/21	Home Depo	"	"	4.76
9/7/21	staples	17 Paradise Rd Salem	Copies	31.45
9/7/21	Pay Back to Sandra Lopez	24 June Ave	Pay Back open the account	60.00
9/7/21	Pay to Sony	Part of comitte 24 June Ave	Pay hand work for affixes make	30.00
9/28/21	staples	17 Paradise Rd Salem	flyer / coffee	94.15
9/28/21	Dollar tree	Lynn	material for the event	11.50
9/28/21	Market Basket	Lynn	Shop for the event	275.00
10/17/21	Dollar tree	Lynn	shop for event.	21.25
Line 12: Total Expenditures over \$50 (or listed above)				731.52
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				

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 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)	
			Line 14: TOTAL EXPENDITURES IN THE PERIOD	

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)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				

Enter on page 1, line 6 →

* 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
9/28/21	Sanchez	24 June Road	inquiries for all Buy and expense on it	529.52
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				