



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CITY OF LYNN
ELECTION OFFICE

2021 SEP - 7 10 2021
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 05/05/2021 Ending Date: 09/07/2021

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

Lennin "Lenny" Pena
Candidate Full Name (if applicable)
School Committee
Office Sought and District
59 Ingalls St Lynn MA 01902
Residential Address
Telephone Number (optional): 781-632-8646

Pena for School Committee Campaign
Committee Name
Magaly Cruz
Name of Committee Treasurer
59 Ingalls St Lynn MA 01902
Committee Mailing Address
Telephone Number (optional): 781-299-4443

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>∅</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 1,360.70</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 1,360.70</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 890.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 470.70</u>
Line 6: Total in-kind contributions this period (page 6)	<u>∅</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>∅</u>
Line 8: Name of bank(s) used:	<u>St. Jean's Credit Union</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: Magaly Cruz Pena (Treasurer's signature) Date: 8/7/2021

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: [Signature] (Candidate's signature) Date: 8/7/2021

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)
	See Attachment		
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.

Table 1

Andrea Baez	72 Buchanan St Winthrop MA 02149	Director Lynn YMCA	\$24.01	08/26/2021		
Clifford Randolph	186 Marlborough St 4C Boston MA 02151	Not Employed	\$9.60	06/30/2021		
Amara Mendez	29 Burrill St Roxbury MA 02125	Case Worker DTA	\$96.05	06/30/2021		
Elizabeth Figueroa	29 Hawthorne St Lynn MA 01902	Not Employed	\$48.02	08/04/2021		
Joe Esdra	37 B Canal St Lynn MA 01905	Self Employed TechnoTax	\$24.01	06/15/2021		
Esther Summersett	52 Euclid Ave Lynn MA 01904	Broker Remax 360	\$100.00	08/30/2021		
Charlie Gaeta	132 Range Heights Road Lynn MA 01904	Executive Director Lynn Housing Authority	\$50.00	08/11/2021		
Vernetta Sharpe	295 Maple Street Lynn MA 01904	Supervisor Fed Ex	\$40.00	07/21/2021		
William Hernandez	61 Moulton Street Lynn MA 01904	Self Employed Service Department	\$50.00	07/21/2021		
David Solimine	39 Joel Cir Lynn MA 01904	Self Employed Solimine Funeral	\$100.00	08/26/2021		
Lou Markakis	58-60 Andrew St Lynn MA 01902	Lynnway Associates Real Estate Development	\$50.00	07/24/2021		
Obed Matul	73 Claredon Ave Lynn MA 01902	Self Employed Full Color	\$50.00	07/21/2021		
Lennin Pena	59 Ingalls St Lynn MA 01902	Class I Lynn Water and Sewer	\$39.01	05/05/2021		
Brian Field	9 Lois Lane Lynn MA 01904	Funeral Director Solimine Funeral	\$20.00	07/21/2021		
Coco Alinsug	18 Merrill Ave Lynn MA 01902	Fenway Health	\$20.00	07/21/2021		
Ryan Mulherin	101 Nahant St Lynn MA 01902		\$20.00	07/21/2021		
Ricardo Flacco	102 Western Ave Lynn MA 01902	Self Employed Desi's Barber	\$50.00	07/21/2021		
Melvin Betts	1 Qual Road Peabody MA 01970	Self Employed Mr. Moes	\$500.00	07/21/2021		
Eric Dugan	Cedar Brook Rd Lynn MA 01904		\$25.00	07/21/2021		
Michael Satterwhite	41 Bridle Path Rd Lynn MA 01904	Self Employed The Satterwhite Law Firm	\$45.00	07/21/2021		
Total			\$1360.70			

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)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* 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
7/26/21	Full Color	26 Joyce St Lynn MA 01904	Campaign material	\$480 ⁰⁰
8/20/21	Full Color	26 Joyce St Lynn MA 01904	Campaign material	\$300 ⁰⁰
9/3/21	Without Borders	500 Market St Lynn MA 01902	Sponsorship	\$100 ⁰⁰
6/30/21	St Jean	250 Maple St Lynn MA 01905	Maintenance Fee	\$100 ⁰⁰
Line 12: Total Expenditures over \$50 (or listed above)				\$880 ⁰⁰
Line 13: Total Expenditures \$50 and under* (not listed above)				\$10 ⁰⁰
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$890⁰⁰

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

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

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