



Commonwealth of Massachusetts

LYNN ELECTION OFFICE

Form CPF M 102: Campaign Finance Report

2019 AUG 22 P 3: 28 Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/1/2019 Ending Date: 8/21/2019

Type of Report: (Check one)

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

Tiffany Magnolia
Candidate Full Name (if applicable)

Lynn School Committee
Office Sought and District

16 Bowler St Lynn, MA 01904
Residential Address

E-mail: _____

Phone # (optional): _____

Committee to Elect Tiffany Magnolia
Committee Name

Jessica Murphy
Name of Committee Treasurer

16 Bowler St Lynn, MA 01904
Committee Mailing Address

E-mail: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	1,366.21
Line 3: Subtotal (line 1 plus line 2)	1,366.21
Line 4: Total expenditures this period (page 5, line 14)	892.12
Line 5: Ending Balance (line 3 minus line 4)	474.09
Line 6: Total in-kind contributions this period (page 6)	157.43
Line 7: Total (all) outstanding liabilities (page 7)	886.13
Line 8: Name of bank(s) used:	<u>Eastern Bank Paradise Rd Swampscott, MA 01970</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: _____ (Treasurer's signature) Date: 8/21/2019

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: _____

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)
5/15/2019	Alinsug, Constantino 18 Merrill Ave Lynn, MA 01902	25	
5/15/2019	Danh, Cinda 13 Lowell St Lynn, Ma 01905	25	
5/17/2019	Danh, Samuel 13 Lowell St Lynn, MA 01905	26.27	
4/2/2019	Gachinard, Norene 16 Buchanan Rd Salem, MA 01970	50	
5/13/2019	Gachinard, Norene 16 Buchanan Rd Salem, MA 01970	886.13	Registered Nurse Educator North Shore Community College
5/17/2019	Gallo, Charlie 16 Carter Rd Lynn, MA 01904	100	
5/15/2019	Gentile, Patricia 60 Andrew Rd Swampscott, MA	50	
7/15/2019	LeBlanc, Joseph 18 Hawthorne St Haverhill, MA 10835	50	
5/7/2019	Murphy, Jessica 42 Basset St Lynn, MA 01902	26.27	
5/15/2019	O'Hare, Kalen 9 Griffin Terr Apt #1 Lynn, MA 01902	20	
5/15/2019	Pena, Lennin 59 Ingalls St Lynn, MA 01902	25	
5/15/2019	Russo, Drew 25 Bellevue Rd Lynn, MA 01904	26.27	
Line 9: Total Receipts over \$50 (or listed above)		1,309.94	
Line 10: Total Receipts \$50 and under* (not listed above)		56.27	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,366.21	← 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)
5/7/2019	Sedgwick, Jessica 19 Harvest St Lynn, MA 01902	26.27	
5/15/2019	Varela, Andy 23 Cedarcrest Ave Salem, MA 01970	30	
Line 9: Total Receipts over \$50 (or listed above)		56.27	
Line 10: Total Receipts \$50 and under* (not listed above)		1,309.94	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,366.21	← 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 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
5/13/2019	Gachignard, Norene	16 Buchanan Rd Salem, MA 01970	Loan for Printing Materials	886.13
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	886.13