

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

LYNN ELECTION OFFI

Commonwealth of Mazanchasette		FFICE
File with:	2011 JAN 21 D	
City or Town Clerk or Election Commission		1:17
	formation, except signatures.	
Fill in dates: Reporting Period Beginning Date Year ZON		
Type of report: (Check one)		
	on □30 day after election □year-end report □diss	olution
Full Name of Candidate (if applicable) NONE Office Sought and District ZO Harmon St. Residential Address Lynn, MA 01905 Tel. No. (optional)	Clancy Committee Committee Name Tim Fee bey Name of Committee Treasurer ZO Harman St. Committee Mailing Address Lynn, MA 01905 Tel. Na. (optional)	
Line 1: Ending balance from prev Line 2: Total receipts this period (Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus li Line 6: Total in-kind contributions the Line 7: Total (all) outstanding liability Line 8: Name of bank(s) used	riod (page 3, line 14) s 190. 1 \$ 1292. 13 riod (page 3, line 14) s 1,792. 13 sine 4) s 4788. 1	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to finance activity, including all contributions, loans, receipts, expenditures, disburses campaign finance activity of all persons acting under the authority or on behalf of Signed under the penal Treasurer's signature (in ink)	this committee in accordance with the requirements of M.G.L. c. 55. It is of perjury: 19/20 Date	campaign esents the
FOR CANDIDATE FILINGS O	NLY: (CANDIDATE MUST SIGN BELOW)	
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 finance activity, of all persons acting under the authority or on behalf of this common contributions, incurred any liabilities nor made any expenditures on my behalf during Candidate without Committee OR Candidate with Independent activity fill I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, losins, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of Signed under the penalties of Candidate signature (in inle)	the best of my knowledge and belief, a true and complete statement of all comittee in accordance with the requirements of M.G.L. c. 55. I have not receing this reporting period. In this reporting period in the best of my knowledge and belief, a true and complete statement of all contributions and liabilities for this reporting period and represents, in-kind contributions and liabilities for this reporting period and represents of M.G.L. c. 55.	ived any
	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 limitze 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.

This page may be copied 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)		ount	Occupation & Employer (for contributions of \$200 or more)	
·					
				*	
				·	
			7		
•	4				
Line 9: T	otal receipts in excess of \$50 (or listed above)	 			
	otal receipts \$50 and under* (not listed above)	190.	11		
ine 11: T	OTAL RECEIPTS IN THE PERIOD	190.	$ \Pi $	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.

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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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
2/10/10	Abboth Products, Inc.	85 Finnell Pr. Weymowh, MA 02188	Campaign bingo/bravo Daubers.	4189	81
4/12/10	MA Dept: Rovenue	Bostm, MA 02204	unemployment / tax	65	47
1/4/10	Richo Removal	789 Summer St. Lywr, MA 01905	Clear up / sign removal	375.	00
8/11/10	Edward J-Clary, Ve	ZO Harmon A. Lynn, M. 01905	Partial payment q	211.	89
		·		-	
				•	
,		,			
				ı	
		Line 12:	Expenditures over \$50	1142.	13
	Line 13: Expenditures \$50 and under*			150.	00
I	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES		13

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
8/12/10	Edward J. Clang, Ur.	20 Harmon 14. Lynn, MA 01905	Forgivness of Edural J. Clancy loan.	4788.11	
		· · · · · · · · · · · · · · · · · · ·			
•					
·	•	Line 15	: In-kind over \$50	4788.11	
-		Line 16	: In-kind \$50 and under		
	Enter on page 1, line 6	Line 17	7: Total In-kind	4788.11	

^{*} 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: OUTSTANDING LIABILITIES (ALL)	0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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Schedule E Disclosure of Assets Statement Office of Campaign and Political Finance

et Wasseconnens			1.5	
File with: Director		3		*
Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108 (617) 727-8352			CPF ID#	¥
This form should be filed by	y all candidates	and committees with eac	h year end and each dis	solution report.
	ney Con	31	Date of re	
All ca	ındidates and c	ommittees must fill in p	art A or part B.	a a
Part A:		- 40		
No assets* were acquired or disp	osed of by this	candidate/committee du	ring the period covered	by this statement.
Part B:				
Assets acquired: List all assets acquired have filed, list all assets.	ired since the co	ommittee last filed this st	atement. If this is the fi	rst Schedule E you
Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value
÷				5
			e.	
Assets disposed of: List all assets so	ld traded or tra	neferred during the renew	ting poriod sourced but	Li
Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.
4				
Assets acquired by a political committee mus of that committee. Assets may be disposed o	st be used for the p	olitical purpose for which the	committee is organized and	I must remain the property
An asset is defined as any one item that has cost/value of \$1,000 or more at the time of	a useful life of mo			ess environment, and has
igned under the penalties of perjury:		Sign	ned under the penalties of pe	rjury:
		,		
andidate signature Date		Tre	asurer signature	Date
		110		2

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.

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