



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2013 OCT 28
LYNN ELECTION OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	5,466.33
Line 2: Total receipts this period (page 3, line 11)	200
Line 3: Subtotal (line 1 plus line 2)	5,666.33
Line 4: Total expenditures this period (page 5, line 14)	3,229.15
Line 5: Ending Balance (line 3 minus line 4)	2,437.18
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	5,924.26
Line 8: Name of bank(s) used:	<input type="text" value="Eastern Bank"/>

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: Rosemary Martin (Treasurer's signature) Date:

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: Charlie Gallo (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)
Sep 24, 2013	Barbara Pergola 40 Buena Vista Avenue Salem, MA 01970	100	
Line 9: Total Receipts over \$50 (or listed above)		100	
Line 10: Total Receipts \$50 and under* (not listed above)		100	
Line 11: TOTAL RECEIPTS IN THE PERIOD		200	← 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)
N/A			
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
See addendum				
Line 12: Total Expenditures over \$50 (or listed above)				3,016.79
Line 13: Total Expenditures \$50 and under* (not listed above)				212.36
Line 14: TOTAL EXPENDITURES IN THE PERIOD				3,229.15

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
N/A				

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.

**Committee to Elect Charlie Gallo
Rosemary Martin, Treasurer
SCHEDULE B ADDENDUM**

Date	Vendor	Address	City	State	Zip	Amount	Purpose
10/15/2013	Connolly Printing	17B Gill Street	Woburn	MA	01801	\$ 723.43	Dear friend cards
10/18/2013	Daily Item	38 Exchange Street	Lynn	MA	01901	\$ 100.00	Advertisement
10/25/2013	Daily Item	38 Exchange Street	Lynn	MA	01901	\$ 208.00	Advertisements
09/05/2013	Friends of Marshall Middle School		Lynn	MA		\$ 100.00	Bond vote campaign contribution
09/05/2013	LVTI Alumni Golf Tournament	90 Commercial Street	Lynn	MA	01905	\$ 100.00	Sponsorship donation
09/26/2013	LVTI Lynn Community Enrichment Program	90 Commercial Street	Lynn	MA	01905	\$ 200.00	Donation
09/23/2013	Lynn Classical APTT Program	235 O'Callaghan Way	Lynn	MA	01905	\$ 50.00	Sponsorship donation
09/23/2013	Lynn Classical Football	235 O'Callaghan Way	Lynn	MA	01905	\$ 100.00	Sponsorship donation
09/23/2013	Lynn Classical Softball	235 O'Callaghan Way	Lynn	MA	01905	\$ 50.00	Sponsorship donation
10/22/2013	Lynn Journal	385 Broadway, Suite 105	Revere	MA	02151	\$ 440.00	Advertisements
10/23/2013	Monica Slocum	4 Dearborn Street, Apt. 4	Salem	MA	01970	\$ 100.00	Voter data compilation
09/23/2013	North Shore Labor Council	112 Exchange Street	Lynn	MA	01902	\$ 127.00	Sponsorship donation
09/14/2013	Staples	230 Independence Way	Danvers	MA	01923	\$ 74.36	Mobile device battery backup
09/28/2013	US Post Office			MA		\$ 184.00	Postage stamps
10/23/2013	US Post Office			MA		\$ 460.00	Postage stamps
TOTAL						\$ 3,016.79	

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
N/A				

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	

* 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
See addendum				
Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			5,924.26

Committee to Elect Charlie Gallo
Rosemary Martin, Treasurer
SCHEDULE D ADDENDUM

Date	L. Name	F. Name	Address	Purpose	Amount
Y2007 (cumulative)	Gallo *	Charlie	650 Boston Street, Lynn, MA 01905	Various	\$ 3,118.26
Y2011 (cumulative)	Gallo *	Charlie	650 Boston Street, Lynn, MA 01905	Various	\$ 2,196.00
Y2012 (cumulative)	Gallo *	Charlie	650 Boston Street, Lynn, MA 01905	Various	\$ 610.00
TOTAL					\$ 5,924.26

* Loan from candidate