



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance LYNN ELECTION OFFICE

2013 OCT 28 P 12:12
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 9-10-13 Ending Date: 10-28-13

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

DEBRA A. PLUNKETT
Candidate Full Name (if applicable)
WARD 1 CITY COUNCILOR
Office Sought and District
84 BOW RIDGE ROAD, LYNN
Residential Address
Telephone Number (optional): 978-818-3334

PLUNKETT COMMITTEE
Committee Name
JAMIE STEVENS
Name of Committee Treasurer
84 BOW RIDGE ROAD, LYNN
Committee Mailing Address
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>624.06</u>
Line 2: Total receipts this period (page 3, line 11)	<u>4,025.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4,649.06</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2,003.20</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2,645.86</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0.00</u>
Line 8: Name of bank(s) used:	<u>SOVEREIGN BANK, LYNN</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: Jamie Stevens (Treasurer's signature) Date: 10/28/13

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: Debra A. Plunkett (Candidate's signature) Date: 10/28/13

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 ATTACHED		

Line 9: Total Receipts over \$50 (or listed above)	2,850.00
Line 10: Total Receipts \$50 and under* (not listed above)	1,175.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	4,025.00 ← 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.

Date	Name	Address	Amount	Employer	Occupation
9/10/2013	James F Lander	84 Bow Ridge Rd, Lynn, MA	200	Retired	
	George Sonia	14 Mary Ellen Dr, Lynn, MA	100		
	Denise Hammon	53 Puritan Rd, Swampscott, MA	100		
	Carol Matheson	30 Mabel St, Lynn, MA	100		
	Committee to Elect William Trahant	215 Verona St, Lynn, MA	100		
	Jeanne McDonald	40 Copeland Rd, Lynn, MA	100		
	Sally Cuffe	74 Apple Blossom Ln, Lynn, MA	100		
	Bernice Brooks	104 Nells Pond Rd, Lynn, MA	100		
10/9/2013	Stephen Goguen	5 Stonehill Dr, Apt 3e, Stoneham, MA	200	Unemployed	
	Gannon Building Assoc., Inc	Great Woods Rd, Lynn, MA	200	Refund of rental cancellation	
10/25/2013	T Shawn Hehir	23 Overlook Dr, Tyngsborough, MA	500	ACS, Boston, MA	Sales
	Christopher Casey	6 Knights Hill Rd, Lynn, MA	150		
	Ruth Bozarjian	11 Sanderson Ave, Lynn, MA	100		
	Robin Harvey	4 Winter Island Rd, Lynn, MA	100		
	Thomas Costin	54 Maolis Rd, Lynn, MA	100		
10/26/2013	Joseph Haynes	43807 Lees Mill Sq, Leesburg, VA	500	Applied IntelligenceTechnologies LLC, Leesburg, VA	Owner
10/28/2013	James Mulloy	50 Millard Ave, Lynn, MA	100		

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 ATTACHED			

Line 12: Total Expenditures over \$50 (or listed above)	1,784.98
Line 13: Total Expenditures \$50 and under* (not listed above)	218.22
Line 14: TOTAL EXPENDITURES IN THE PERIOD	2,003.20

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	To Whom Paid	Address	Purpose	Amount
9/10/2013	Daily Item	38 Exchange St, Lynn, MA	Campaign advertising	234.00
9/10/2013	I Party	880 Broadway, Saugus, MA	Fundraiser supplies	64.54
9/10/2013	Joseph Gentile	338 Andover St, Danvers, MA	Fundraiser entertainment	150.00
9/11/2013	USPS	Post Office Sq, Lynnfield, MA	Postage	92.00
9/17/2013	Fauci Pizza	4 Lynnfield St, Lynn, MA	Campaign workers dinner	64.75
9/23/2013	Connolly Printing	17 Gill St, Woburn, MA	Campaign palm cards	525.94
10/9/2013	Connolly Printing	17 Gill St, Woburn, MA	Campaign dear friends	488.75
10/25/2013	USPS	Post Office Sq, Lynnfield, MA	Postage	165.00

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)			0.00	
Line 16: In-Kind Contributions \$50 & under (not listed above)			0.00	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			0.00	

* 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)** 0.00