

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

LYNN ELECTION OFFICE

| of Massachusetts | File with: City or Town Clerk or Election Commission | |
|---|---|--|
| Fill in Reporting Period dates: Beginning Date: Oct 27 | 27, 2013 Ending Date: Nov 29, 2013 | |
| Type of Report: (Check one) | | |
| 8th day preceding preliminary 8th day preceding election | ⊠ 30 day after election | |
| Since Shallowing | Committee to Flort Diograp Chalcoutin | |
| Dianna Chakoutis Candidate Full Name (if applicable) | Committee to Elect Dianna Chakoutis Committee Name | |
| Ward 5 Councilor | Kathy Reece | |
| Office Sought and District | Name of Committee Treasurer | |
| 39 Thistle Street, Lynn, MA 01905 | 39 Thistle Street, Lynn, MA 01905 | |
| Residential Address | Committee Mailing Address | |
| Telephone Number (optional): | Telephone Number (optional): | |
| SUMMARY BALANC | 'E INFORMATION: | |
| National de la Contraction de | | |
| Line 1: Ending Balance from previous report | 2,080.44 | |
| Line 2: Total receipts this period (page 3, line 11) | 810 | |
| Line 3: Subtotal (line 1 plus line 2) | 2,890.44 | |
| Line 4: Total expenditures this period (page 5, line | ne 14) 593.23 | |
| Line 5: Ending Balance (line 3 minus line 4) | 2,297.21 | |
| Line 6: Total in-kind contributions this period (page | uge 6) 0 | |
| Line 7: Total (all) outstanding liabilities (page 7) | 0 | |
| Line 8: Name of bank(s) used: Equitable Bank | | |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind c finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box | contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: Nov 29, 2013 | |
| | be best of my knowledge and belief, a true and complete statement of all campaign finant coordance with the requirements of M.G.L. c. 55. I have not received any contributions g period. | |
| Candidate without Committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this | e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the | |
| Signed under the penalties of perjury: Lumna (new | Mov 29, 2013 | |

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 6, 2013 | Stephanie Sonia 14 Mary Ellen Dr Lynn, MA 01904 | 100 | |
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| Line 9: Total Rece | ipts over \$50 (or listed above) | 100 | |
| Line 10: Total Reco | Line 10: Total Receipts \$50 and under* (not listed above) | | |
| Line 11: TOTAL | RECEIPTS IN THE PERIOD | 810 | ← 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) |
|--------------------|--|--------|--|
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| Line O: Total Page | ints over \$50 (or listed above) | | |
| | ipts over \$50 (or listed above) | | |
| | eipts \$50 and under* (not listed above) | | |
| | 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.)

| 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 | |
| Nov 3, 2013 | Old Tyme | 612 Boston St Lynn, MA 01905 | fundraiser food | 300 | |
| Oct 28, 2013 | Pine Hill CivicAssoc. | Woodlawn St Lynn, MA 01904 | donation | 100 | |
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| · · · · · · · · · · · · · · · · · · · | | Line 12: Total Expenditures or | ver \$50 (or listed above) | 400 | |
| | | Line 13: Total Expenditures \$5 | 0 and under* (not listed above) | 193.23 | |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 593.23 | |

^{*} 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 4

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount | |
|--|--|----------|------------------------|--------|--|
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| | Line 12: Expenditures over \$50 (or listed above) | | | | |
| | Line 13: Expenditures \$50 and under* (not listed above) | | | | |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized | | | | | |

^{*} 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 | |
|---------------|--|--------------------------------|-----------------------------|-------|--|
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| | | 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.

Page 6

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 |
|---------------|---------------------------|-------------------------|------------------------|--------|
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| | Enter on page 1, line 7 → | Line 18: TOTAL OUTSTAND | DING LIABILITIES (ALL) | 0 |