



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report P 2:27 Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill-in Reporting Period dates: Beginning Date: 10-28-2013 Ending Date: 1-20-2014

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

JOAN E FORD JR
Candidate Full Name (if applicable)

SCHOOL COMMITTEE - LYNN
Office Sought and District

89 WOODMAN ST
Residential Address

Telephone Number (optional): 781-598-6156

COMMITTEE TO ELECT JOHN FORD
Committee Name

SHEILA FORD
Name of Committee Treasurer

89 WOODMAN ST, LYNN
Committee Mailing Address

Telephone Number (optional): 781-598-6156

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>(-) 2928.97</u>
Line 2: Total receipts this period (page 3, line 11)	<u>250.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>(-) 2678.97</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>538.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>(-) 3236.97</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>(-) 3236.97</u>
Line 8: Name of bank(s) used:	<u>GE CREDIT UNION</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: Sheila B. Ford (Treasurer's signature) Date: 1-20-2014

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: John Ford (Candidate's signature) Date: 1-20-2014

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 <small>(alphabetical listing required)</small>	Amount	Occupation & Employer <small>(for contributions of \$200 or more)</small>
11/3/2013	JAMES BRIENZO 35 HERSHEL STREET LYNN, MA 01902	\$100	

Line 9: Total Receipts over \$50 (or listed above)	\$100
Line 10: Total Receipts \$50 and under* (not listed above)	\$150
Line 11: TOTAL RECEIPTS IN THE PERIOD	\$250

← 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
11/5/2013	EI MUNDO NEWSPAPER	405 Huntington Ave Boston, Ma. 02130	Newspaper ADD	\$300
11/5/2013	Independent Newspaper Group	Po. Box 380 385 BROADWAY Revere, Ma. 02151	Newspaper add	\$200

Line 12: Total Expenditures over \$50 (or listed above)	\$500
Line 13: Total Expenditures \$50 and under* (not listed above)	958
Line 14: TOTAL EXPENDITURES IN THE PERIOD	\$558

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 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)	
Line 16: In-Kind Contributions \$50 & under (not listed above)	
Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

Enter on page 1, line 6 →

* 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.

Form CPF M 102-0: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

City or Town of: Lynn

Please print or type all information, except signatures.

Fill in dates: 10 Month 28 Day 2013 Year 1 Month 20 Day 2014 Year
Reporting Period Beginning: October 2013 Ending: January 2014

Type of Report: (Check One)
 8th day preceding preliminary/primary
 8th day preceding election
 30th day following election (Town or Special)
 20th day of January

Pursuant to M.G.L., Chapter 55:

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/20/2014	<i>John Ford</i>	89 Woodman ST, LYNN	School Committee