



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

*Rec'd in hand 1-20-11
MFA ✓*

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-2010 Ending Date: 12-31-2010

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

John Timothy Phelan
Candidate Full Name (if applicable)

Lynn City Council at Large
Office Sought and District

2 MEGHANS WAY LYNN MA 01904
Residential Address

Telephone Number (optional): _____

Committee to Elect Same
Committee Name

Stacy Phelan
Name of Committee Treasurer

2 MEGHANS WAY LYNN MA 01904
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>36,712.96</u>
Line 2: Total receipts this period (page 3, line 11)	<u>5,195.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>41,907.96</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3,916.75</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>37,991.21</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>EASTERN BANK</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: Stacy Phelan (Treasurer's signature) Date: 1-20-2010

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: _____ (Candidate's signature) Date: 1-20-2010

A-1

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)
7-12-10	PETER BONTUS 13 CLIFF ST LYNN, MA	100.00	
7-28-10	GARY BEAVER 8 Grey Lane Lynn, MA	200.00	Security Company self-employed
7-15-10	JEANNE CULLEY 273 OCEAN ST LYNN	100.00	
7-23-10	PATRICK B O'CONNOR 28 Bulfinch Lane Lynn	100.00	
7-7-10	FRED CRONIN 40 HIGHLAND AVE LYNN, MA 01902	100.00	
7-7-10	Ralph Cronin 125 Maplewood Rd LYNN, MA 01901	100.00	
7-6-10	DAVID CONNOLLY 543 OCEAN ST LYNN, MA 01902	100.00	
7-6-10	Joseph Carmine 190 Western Ave LYNN, MA 01904	200.00	Annual Bt-Adverts LYNN, MA not formal
7-5-10	HARVEY COHEN PO Box 575 Methuen, MA	100.00	
10-4-10	Thomas Demetris 186 Perkins Row Lynn, MA	100.00	
7-12-10	JOSEPH P DRUSCILL Hilyah ST Lynn MA	100.00	
7-12-10	R. Frotici 24 HANCOCK ST LYNN, MA 01905	125.00	

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

See A-3

← 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

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7-6-10	Charles Scudis 132 Remy Halls Rd	100. ⁰⁰ / ₂	
8-4-10	Jeff Douchberg 970 Paradise Rd Sturbridge, MA	100. ⁰⁰ / ₀₀	
9-13-10	Thomas Fogarty 11 Vincent Rd Lynn MA	100. ⁰⁰ / ₀₀	
7-12-10	Edmond B. Johns III 100 Copeland Rd Lynn	100. ⁰⁰ / ₀₀	
7-8-10	Maria Kline 14 Harbor Ave Lynn, MA	100. ⁰⁰ / ₀₀	
7-18-10	James Marsh 97 Perkins St Lynn, MA 01905	100. ⁰⁰ / ₀₀	
8-2-10	Ernie Nikolopoulos 19 Bridge Path Rd 01944	100. ⁰⁰ / ₀₀	
1-12-10	JAMES McCARTHER 30 TOWNS CT LYNN, MA 01904	100. ⁰⁰ / ₀₀	
7-8-10	Patrick McGrath 30 Heath Court LYNN, MA 01905	100. ⁰⁰ / ₀₀	
7-4-10	Mike Rooney 15 Grosvenor Pl LYNN, MA 01922	100. ⁰⁰ / ₀₀	
7-9-10	C. V. NGUYEN 11 Joy Lane Malden MA	500. ⁰⁰ / ₀₀	11 JOY LANE MALDEN, MA 02148 LIQUOR STORE owner/employee
7-11-10	JOHN HANNY 50 BLAKE ST LYNN, MA 01905	100. ⁰⁰ / ₀₀	

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

See A-3

← 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)
7-27-10	Paul Price 10 Keen Rd LYNN MA 01904	100. ⁰⁰ / _{th}	
7-15-10	Peter Pedro 11 Archon Ave LYNN, MA 01905	100. ⁰⁰ / _{th}	
9-15-10	Shawn Potter 43 Applestone Lane LYNN, MA 01904	100. ⁰⁰ / _{th}	
7-8-10	DAVID SOLIMONE JR. 426 Broadway LYNN, MA 01904	100. ⁰⁰ / _{th}	
8-23-10	Shawn Soliman 11 Bridge St MIDDLEBURY, MA	100. ⁰⁰ / _{th}	
9-10-10	EDMOND DWYER OCEANVIEW STAMPFORD MA 01905	150. ⁰⁰ / _{th}	
7-11-10	Steve Smith 11 Christian Davis NANTUCKET MA 01908	100. ⁰⁰ / _{th}	
7th 10	D. Vincenzo 95 PLUM ST LYNN 01901	100. ⁰⁰ / _{th}	
7-12-10	Rick Vitali 88 STONEWALL LN LYNN MA 01904	100. ⁰⁰ / _{th}	

Line 9: Total Receipts over \$50 (or listed above)	3975. ⁰⁰ / _{th}
Line 10: Total Receipts \$50 and under* (not listed above)	1290. ⁰⁰ / _{th}
Line 11: TOTAL RECEIPTS IN THE PERIOD	5195

← 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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure (include CPF ID# if a contribution to another committee)	Amount
9-8-10	Committee To Elect BY BY FLODIS	WORCESTER/ANDOVER, MA	CAMPAIGN DONATION	100.00 FR
4-6-10	Committee To Elect D. CYR	MORTON HILL AVE LYNN, MA	CAMPAIGN DONATION	100.00 FR
9-9-10	COSTIO	DANVERS, MA	ELECTION NIGHT RECEPTION	243.46
9-9-10	COSTIO	DANVERS, MA	ELECTION NIGHT RECEPTION	164.36
2-16-10	CVS	BOSTON STREET LYNN, MA	MAILING/CARDS	172.66
4-7-10	FRIENDLY KNIGHTS ST. PATRICK	LYNN, MA	SCHOLARSHIP DONATION	100.00
1-7-8-10	60 DADDY	ON-LINE/INZEWANT WWW.60DADDY.COM	POLITICAL WEB-SITE DEVELOPMENT	374.00
9-22-10	N. Road. Transportation	LYNN, MA	TRANSPORTATION DONATION CVS	199.00
7-2-10	PATRICK J. McMANUS SCHOLARSHIP FUND	LYNN, MA	SCHOLARSHIP DONATION	100.00
11-20-10	PRIZE 4 LIFE	BOSTON, MA	ALS DONATION / GEORGE MARRAS	100.00 FR
10-30-10	COSTIO	DANVERS, MA	ELECTION NIGHT RECEPTION	157.11
10-30-10	COSTIO	DANVERS, MA	ELECTION NIGHT RECEPTION	260.91
12-22-10	Bdyshp	PEABODY, MA	ADMINIS. LUNCIONARY OPS	124.95
12-2-10	COSTIO	DANVERS	ORGANIZATIONAL MEETING REFRESHMENTS, ETC	119.87
5-3-10	STAPLES	VINNAN St. SALEM MA	SWK, MARRIAGES, ETC	417.80
9-3-10	STAPLES	VINNAN St. SALEM MA	COMMITTEE SUPPLIES/SWK/MAILINGS	210.13

Line 12: Total Expenditures over \$50 (or listed above)

Line 13: Total Expenditures \$50 and under* (not listed above)

Line 14: TOTAL EXPENDITURES IN THE PERIOD

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See
B-2

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.

