



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

LYNN ELECTION OFFICE

2013 JAN 22 P 7:01

File with:
 City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
 Reporting Period Beginning 1 / 1 / 2012 Ending 12 / 31 / 2012

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

Peter Capano
 Full Name of Candidate (if applicable)
WARD 6 Councilor
 Office Sought and District
101 ALLEY ST
 Residential Address
Lynn MA 781-598-4187
 Tel. No. (optional)

Committee to Elect Peter Capano
 Committee Name
Dena Capano
 Name of Committee Treasurer
101 ALLEY ST LYNN MA
 Committee Mailing Address
 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>1682.</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>4650.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>6332.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>5210</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>1122.</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>Easter 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:
Dena Capano 1/22/13
 Treasurer's signature (in ink) Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:
[Signature] 1/22/13
 Candidate signature (in ink) 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.

This page may be copied 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)
11 June 12	Dandrea 62 Oakville St Lynn MA 01905	100	
"	Harvey Cohen 5 Courtman Lane Marblehead MA 01945	180	
"	JOSEPH DRUSCOI P.O. Box 461 Lynn MA 01905	100	
"	Mark Drums 12 Hovey Way Lynn MA 01908	100	
"	John Laughlin 64 Copeland Rd Lynn MA 01904	100	
"	Ralph + Linda Cronin 126 Maplewood Rd Lynn MA 01904	100	
"	Cesare Vidals 371 Summer Lynn MA 01905	100	
"	Robert + Carol Fraccopole 21 E 45th Lynn MA 01902	100	
"	Habib Rahman P.O. Box 323 Weston MA 02493	100	
"	Sam Vitale Oxford St Lynn MA 01902	100	
"	Gordon Cronin 11 Drury St Lynn MA 01904	100	
"	Jim Carrigan + Gmc Carrigan 41 Segor Ave Marblehead MA 01945	200	ATTORNEY - SELF EMPLOYED
"	JOSEPH CORNIER AUL 140 WESTERN AVE Lynn MA 01904	200	BUSINESS OWNER
"	Alexandra Brown 3 Hinkley St Somerville MA 02145	200	G.E. WORKER
"	Mohammed Hassan 31 Woodman St Lynn MA 01905	200	SELF EMPLOYED STORE OWNER
Line 9: Total receipts in excess of \$50 (or listed above)		3275	
Line 10: Total receipts \$50 and under* (not listed above)		1375	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4650	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.

over

<u>Date</u>	<u>Name Address</u>	<u>Amount</u>	<u>Occupations</u>
11 June 12	Peter & Karen Bohlsnd 53 Tupelo Rd Swampscott Ma 01987	500.00	Business Owner
11	Ronald + Jane Costa Swampscott MA 01907	400.00	Business owner Lynn Way Motor Sales
11	I.U.P.A.T District Council #35	100.00	Labor Union
11	PAT McGrath 20 Heath Ct #1 Lynn Ma	100.00	
11	Rocco + Maria Capano 113 QUEEN ST Lynn Ma 01902	200.00	RETIRED Gr E.
	Ric Casilli 41 Ocean St Lynn Ma 01902	75.	

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.

This page may be copied 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
5/18/12	THE FFCO 26 HOWLEY ST Peabody	26 Howley St Peabody	Fundraiser TICKETS	125
6/11/12	Santoro's	Wheat St Peabody	Food For Fundraiser	1275
6/11/12	Bill McGeer	SAUGUS MASS	Band FOR FUNDRAISER	300
2 Dec 12	Lynn Santa Parade Fund	Summer St Lynn MA 01905	Donation	100
28 Nov 12	Lynn Boys + Girls Club	N. Common St Lynn MA 01905	Donation	100
8 Nov 12	Building Bridges Through Music	Exchange St Lynn MA 01905	Donation	100
9/22/12	Ferris's Angels (Breast Cancer)	Camden St Lynn MA 01905	Donation	150
8/3/12	Hogan 2 Basketball TOURNAMENT	17 Lagrange Ter Lynn MA	Donation Youth T-SHIRTS BASEBALL	1700
7/7/12	ACC CITY BASKETBALL	X-TREME T-SHIRT Willow St Lynn	Donation YOUTH BASKETBALL	500
1/8 Oct 12	Jeanne Kelly 322	32 Huguenot St Lynn MA	Donation ST MIKE'S HALLOWEEN PARTY	300
2 Dec 12	B.J.'s Wholesale Club	REVERE MA	CANDY FOR SANTA PARADE	60
12/4/12	Simmie Anderson	MARION GARDEN	Donation RAFFLE SALE BASKETBALL	100
6/9/12	Lynn Band Boosters		Donation	50
4/27/12	West Lynn AMERICAN Little League		Donation	100
4/27/12	Pine Hill Little League		Donation	100
3/23/12	LYSOA	CITY HALL Square	Donation "AT RISK FOOTBALL"	100
Line 12: Expenditures over \$50				5160
Line 13: Expenditures \$50 and under*				50
Line 14: TOTAL EXPENDITURES				5210

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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: OUTSTANDING LIABILITIES (ALL)	



Commonwealth
of Massachusetts

Schedule E Disclosure of Assets Statement Office of Campaign and Political Finance

File with: Director

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

CPF ID# _____

This form should be filed by all candidates and committees with each year end and each dissolution report.

Committee Name: _____ Date of report: _____

All candidates and committees must fill in part A or part B.

Part A:

No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

Signed under the penalties of perjury:

Candidate signature

Date

Treasurer signature

Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.