LYNN ELECTION OFFICE

2013 JAN 22 P 6:01

Commonwealth of Massachusetts

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

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 01 Date 19 Year 2012 Ending Month 12 Date 31 Year 2012

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

Hong L. Net
Full Name of Candidate (if applicable)

Councilor At Large
Office Sought and District

20 Holyoke Street
Residential Address

781-738-6293
Tel. No. (optional)

Committee to Elect Hong Net
Committee Name

Thavra Net
Name of Committee Treasurer

20 Holyoke Street
Committee Mailing Address

781-309-7771
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ 70.24
Line 2: Total receipts this period (page 2, line 11)	$ 3,735.00
Line 3: Subtotal (line 1 plus line 2)	$ 3,805.24
Line 4: Total expenditures this period (page 3, line 14)	$ 840.00
Line 5: Ending balance (line 3 minus line 4)	$ 2,965.24
Line 6: Total in-kind contributions this period (page 4)	$ ———
Line 7: Total (all) outstanding liabilities (page 4)	$ ———
Line 8: Name of bank(s) used	Eastern Bank

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:

Thavra Net — 01/17/13
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:

Hong L. Net — 1/17/13
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.

(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)
06/02/12	Ann, Lee 215 Verono St. Lynn, MA 01904	100.00	
6/02/12	Bohlin, Peter 500 Atlantic Ave. Boston, MA 02210	200.00	Businessman
6/02/12	Brown, Susan 26 Lafayett Pk. Lynn, MA 01902	50.00	
12/01/12	Cahill, Daniel 20 Belleaire Ave. Lynn, MA 01904	150.00	
6/02/12	Chek, Charles 728 Western Ave. Lynn, MA 01905	50.00	
12/01/12	Lyna Dep 15 Harris St. Marblehead, MA 01945	50.00	
12/01/12	Dill, Thomas 38 Mary Ellen Dr. Lynn, MA 01904	100.00	
6/02/12	Fioccoprile, Robert 142 Alley St. Lynn, MA 01902	100.00	Retired
12/01/12	Fioccoprile, Robert 142 Alley St. Lynn, MA 01902	100.00	Retired
12/01/12	Fortucci, Richard 24 Harmon St. Lynn, MA 01905	100.00	
6/02/12	Francois, Gardy 71 Michigan Ave Lynn, MA 01902	125.00	unemployed
12/01/12	Francois, Gardy 71 Michigan Ave Lynn, MA 01902	100.00	unemployed
Line 9: Total Receipts over $50 (or listed above)		1,225.00	
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL 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 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)
6/02/12	Gaeta, Charles 132 Range Heights Rd. Lynn, MA 01904	50.00	
12/01/12	Gaeta, Charles 132 Range Heights Rd. Lynn, MA 01904	100.00	
6/02/12	Garrigan, James 41 Seaview Ave. Marblehead, MA 01945	50.00	
12/01/12	Gavrilles, Stephen 63 Centennial Ave. Revere, MA	100.00	
12/01/12	Keo, Jake 98 Hanover St. Lynn, MA 01902	60.00	
12/01/12	Kouroubacalis 40 Magnolia Rd. Swampscott, MA	75.00	
6/02/12	McGrath, Patrick 20 Health Court Lynn, MA 01905	100.00	Businessman
12/01/12	McGrath, Patrick 20 Health Court Lynn, MA 01905	100.00	Businessman
12/01/12	Nguyen, Le 12 Ocean St. Lynn, MA 01902	50.00	
6/02/12	Oum, David 29A Harmony Rd. Spring Valley, NY	100.00	
6/02/12	Peou, Engly 104 Essex St. Saugus, MA 01906	50.00	
12/01/12	Peou, Sinath 41 Royal St. Lowell, MA 01852	150.00	
Line 9: Total Receipts over $50 (or listed above)		1,035.00	
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL 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 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)
6/02/12	Pheng, Ang 61 Rumford St. Lowell, MA 01852	50.00	
12/01/12	Pich, Vuth 70 John Mooney Rd. Revere, MA	150.00	
12/01/12	Pres, Sokhoeun 12 Princeton Terr Lynn, MA 01905	150.00	
6/02/12	Robishaw, Shanna 21 Branch St. Lowell, MA 01851	150.00	
6/02/12	Rosario, Arian 35 Baltimore St. Lynn, MA 01902	100.00	
6/02/12	Saing, Kirirath 44 Vermont Ave Lynn, MA 01904	100.00	
12/01/12	Saing, Kirirath 44 Vermont Ave. Lynn, MA 01904	150.00	
12/01/12	Sary, Vanna 4 Aspen St. Lynn, MA 01905	75.00	
12/01/12	Siv, Samnang 47 Liberty St. Danvers, MA 01923	100.00	
12/01/12	Toh, Soghanna 32 Arlington St. Lynn, MA 01902	250.00	Home Care Worker
12/01/12	Touch, Boly 51 Laighton St Lynn, MA 01902	100.00	
6/02/12	Solimine, David 426 Broadway Lynn, MA 01904	100.00	
Line 9: Total Receipts over $50 (or listed above)		1,475.00	
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL 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.

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	
12/01/12	Chopstix Restaurant	855 Western Ave Lynn, MA 01905	food for party	400	00
6/02/12	Franco-American	535 Western Ave Lynn, MA 01902	Hall	100	00
12/01/12	Franco-American	535 Western Ave Lynn, MA 01902	Hall	100	00
6/02/12	Stop n shop	35 Washington St. Lynn, MA 01901	supplies for party	240	00
		Line 12: Expenditures over $50			
		Line 13: Expenditures $50 and under*			
Enter on page 1, line 4		Line 14: TOTAL EXPENDITURES		840	00

*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
		Line 15: In-kind over $50		
		Line 16: In-kind $50 and under		
Enter on page 1, line 6		**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)**		

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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:

_____
Candidate signature Date

Signed under the penalties of perjury:

_____
Treasurer signature Date

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

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