Form CPF M 102: Campaign Finance Report
Municipal Form

Commonwealth of Massachusetts

Office of Campaign and Political Finance

LYNN ELECTION OFFICE

2015 JAN 20 P 1:37

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/JAN/14 Ending Date: 31DEC14

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☑ year-end report ☐ dissolution

PETER CAPANO	Committee To Elect Peter Capano
Candidate Full Name (if applicable)	Committee Name
WARD 6 Councilor	DENA CAPANO
Office Sought and District	Name of Committee Treasurer
101 ALLEY ST LYNN	101 ALLEY ST LYNN MA 01902
Residential Address	Committee Mailing Address
Telephone Number (optional): 781-910-1087	Telephone Number (optional): 781-598-4187

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	47.00
Line 2: Total receipts this period (page 3, line 11)	5520.00
Line 3: Subtotal (line 1 plus line 2)	5567.00
Line 4: Total expenditures this period (page 5, line 14)	4362.00
Line 5: Ending Balance (line 3 minus line 4)	1205.00
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
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: Dena Capano (Treasurer's signature) Date: 1/17/15

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: 17 Jan 15

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)
6/23/14	Paul Keating 38 Exchange ST Lynn MA	100.	
"	Richard Fortucci 24 Harmon ST Lynn MA	100.	
"	Laurence Groipen 13 Cutting Rd Swampscott MA	100.	
"	Harvey Cohen 5 Corinthian Lane Marblehead MA	100.	
"	IUPAT District Council 35 25 Colgate Rd Roslindale MA	100.	
"	James Carrigan 41 Seaview Ave Marblehead MA	200.	SELF-EMPLOYED ATTORNEY CARRIGAN LAW OFFICES
"	John Laughlin 64 Copeland Rd Lynn MA	100.	
"	George Sonia 200 LUCUST ST Lynn MA	100.	
"	Charles Gaeta 132 Ranger Heights Rd Lynn MA	100.	
"	Alexandra Brown 13 Hinckley ST Somerville MA	500.	GENERAL ELECTRIC BENCH HAND
"	Rocco Capano 113 Allen ST Lynn MA	150.00	
"	Don BARER 130 EASTERN AVE Lynn MA	100.	

Line 9: Total Receipts over $50 (or listed above)	1750.
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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
"	Robert Fiegipele 138 Alley St Lynn MA	100.	
"	DAVID SORMINE 426 BROADWAY Lynn MA	100.	
"	Eileen Spencer 108 Woodlawn St Lynn MA	100.	
"	Nicholas Menino 13 Supreme Court Swampscott MA	250.	OWNER-MENINO Construction Oakville St Lynn MA
"	Richard Casilli 41 Ocean St Lynn MA	100.	
"	Anthony Capano 483 Boston St Lynn MA	100.	
"	PAT McGRATH HEATH COURT Lynn MA	200.	OWNER-McGRATH Constructed Oakville St Lynn MA
"	Gordon Crosin 11 Urban St Lynn MA	100.	
"	Brant Duncan 100 Commonwealth Rd Lynn MA	100.	
"	TOM DEMAKES 186 Berkins Row Topsfield MA	100.	

Line 9: Total Receipts over $50 (or listed above)	1250	
Line 10: Total Receipts $50 and under* (not listed above)	2520	
Line 11: TOTAL RECEIPTS IN THE PERIOD	5420	← 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
23 June	Santoro's	Main St Peabody MA	FOOD FOR FUNDRAISER	955.
23 June	Tony D. Filippo BAND	MARYGREEN DRIVE LYNN MA	BAND FOR FUNDRAISER	350.
27 MAY	THRIFTCO Printing	Peabody MA.	TICKETS FOR FUNDRAISER	137.
30 JUNE	PINE HILL Little LEAGUE		DONATION	200.
30 JUNE	Pine Hill Civic Association		DONATION	200.
17 AUG	Lynn Community Association		Donation "STOP THE VIOLENCE"	200.
20 AUG	LYSOA		LYNN STREET OUTREACH ASSOCIATION DONATION	300.
23 AUG	Highlands COALITION		DONATION WORLD FOLK FESTIVAL	50.
17 Sept	LYSOA		LYNN YOUTH OUTREACH Donation "STOP THE VIOLENCE"	200.
7 AUG	X-TREME SILK SCREEN		T-SHIRTS FOR MARIAN GARDENS WEEKEND B-BALL TOURNAMENT	1000.
17 Oct	JOAN + LEON Kelley	ORCHARD ST LYNN MA	Halloween Party St Michaels Donation	300.00
3 Dec	JOAN + Leon Kelley	ORCHARD ST LYNN MA	Christmas Parade Donation	200.00

Line 12: Total Expenditures over $50 (or listed above)	
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	4192

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
27 Oct	Harrington TROPHY	Chatam ST Lynn MA	TROPHIES FOR Children Halloween Party-St. Mikes	170.

Line 12: Expenditures over $50 (or listed above)	170
Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	4362

* 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)		
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.

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: TOTAL OUTSTANDING LIABILITIES (ALL)**