

Form CPF M 102: Campaign Finance Report **Municipal Form** LYNN ELECTION OFFICE

Office of Campaign and Political Finance

2017 JAN 19 P 3: 00

| of Massachusetts | File with: City or Town Clerk or Election Commission |
|---|--|
| Fill in Reporting Period dates: Beginning Date: 1-1 | 19-2012 Ending Date: 1-19-2017 |
| Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election | 30 day after election 🔀 year-end report 🔲 dissolution |
| Candidate Full Name (if applicable) SCHOOL COMMITTEE Office Sought and District | Committee TO ELECT SOHN FORD Committee Name Shela B. FORD Name of Committee Treasurer |
| 89 WOVDMAN ST Residential Address | 89 Woodman ST Committee Mailing Address |
| Telephone Number (optional): | Telephone Number (optional): 781-598-6156 |
| SUMMARY BALANCE | INFORMATION: |
| Line 1: Ending Balance from previous report | 1907 |
| Line 2: Total receipts this period (page 3, line 11) | 0 |
| Line 3: Subtotal (line 1 plus line 2) | 19.07 |
| Line 4: Total expenditures this period (page 5, line 1 | |
| Line 5: Ending Balance (line 3 minus line 4) | 19.07 |
| Line 6: Total in-kind contributions this period (page | (6) |
| Line 7: Total (all) outstanding liabilities (page 7) | 0 |
| Line 8: Name of bank(s) used: | |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in accommittee in the confinance activity of the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of the confinance activity). | tributions and liabilities for this reporting period and represents the campaign cordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 1-19-2017 |
| 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 be activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting persons. | est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c. 55. I have not received any contributions, |
| Candidate without Committee OR Candidate with independent activity filing separ I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons activity under the authority or on behalf of this contributions. | est of my knowledge and belief, a true and complete statement of all campaign n-kind contributions and liabilities for this reporting period and represents the |
| Signed under the penalties of perjury: | (Candidate's signature) Date: 1-19-2017 |

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 posints. Please include your committee name and a page number on each page.)

| | Name and Residential Address | Amount | Occupation & Employer (for contributions of \$200 or more) |
|-------------------|---|----------|---|
| ate Received | (alphabetical listing required) | Amount | |
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| Line 9: Total Red | ceipts over \$50 (or listed above) | |] |
| | ceipts \$50 and under* (not listed above) | | |
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| Line 11: TOTAI | L RECEIPTS IN THE PERIOD | \cup | ☐ Enter on page 1, line 2 uld 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

| | Expenditures" attachment is avail tures. Please include your commi | Address | Purpose of Expenditure | Amount |
|-----------|---|--------------------------|--|--------------|
| Date Paid | (alphabetical listing) | | | |
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| 11 | | | | |
| | | Line 12: Total Evnendit | ures over \$50 (or listed above) | |
| | | | | |
| | | Line 13: Total Expenditu | ures \$50 and under* (not listed above | e) |
| | | | | |
| | Enter on page 1, line 4 | → Line 14: TOTAL EXP | ENDITURES IN THE PERIOD ine 13 should include only those expend | |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 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.

| ate Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|--------------|---------------------|--------------------------|-------------------------------------|-------|
| ate Received | TIOM WAGE | | | |
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| <u> </u> | | Line 15: In-Kind Contrib | utions over \$50 (or listed above) | |
| | | | utions \$50 & under (not listed abo | ve) |
| | | Line 17: TOTAL IN-KI | | |

^{*} 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.

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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 |
|---------------|-------------|---------|------------------------|--------|
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