



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

Fill in Reporting Period dates:

Beginning Date:

01/01/2021

Ending Date:

04/05/2021

Type of Report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

Brian Roger Charville

Candidate Full Name (if applicable)

Lynnfield School Committee

Office Sought and District

9 Willard Lane, Lynnfield

Residential Address

E-mail: bcharville@gmail.com

Phone # (optional):

The Charville Committee

Committee Name

Gerard A. Noumi

Name of Committee Treasurer

9 Willard Lane Lynnfield

Committee Mailing Address

E-mail: gerardnoumi@yahoo.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

5,075.00

Line 3: Subtotal (line 1 plus line 2)

5,075.00

Line 4: Total expenditures this period (page 5, line 14)

3,025.46

Line 5: Ending Balance (line 3 minus line 4)

2,049.54

Line 6: Total in-kind contributions this period (page 6)

2,884.50

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used: Wakefield Cooperative 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:

[Signature]

(Treasurer's signature)

Date: 04/04/2021

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Brian B Charville

(Candidate's signature)

Date: 04/05/2021

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)
3/3/21	Bill Brady 165 Woburn St., Medford, MA	100	
3/15/21	Chris Cavallo 10 Bishops Ln., Lynnfield	100	
3/31/21	Ed Champy 4 Pagos Way, Lynnfield	250	Developer, Waypoint Companies
2/8/21	Brett Charville 8 Spanish Moss, Irvine, CA	500	President, PC&S
3/22/21	Brian Charville 9 Wilford Ln., Lynnfield	200	Attorney, Funds Development Group
2/5/21	Eugene Charville 7436 Haywood Oaks Dr., Raleigh, N.C.	1,000	Regional Sales Officer, AgriFinancial Services
2/25/21	Gene Covino 14 Trickett Rd., Lynnfield	100	
2/10/21	Cathleen Dwyer, 128 Pleasant St., #408, Arlington, MA	100	
4/3/21	Kristen Elworthy 1 Bryant St., Lynnfield	150	
2/19/21	Bill Fallon 12 Teabury Ln., Andover, MA	250	Retired
2/25/21	Brian E. Fallon Sr. 2 Landmark Dr., Methuen	100	
3/6/21	Brian E. Fallon, Jr. 3905 N. Upland St., Arlington, VA	75	

Line 9: Total Receipts over \$50 (or listed above)	2,925	this page
Line 10: Total Receipts \$50 and under* (not listed above)	150	
Line 11: TOTAL RECEIPTS IN THE PERIOD	(over)	← 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)
2/21/21	Joe Gallagher 71 Phillips Rd., Lynnfield	100	
2/24/21	Dave Geary 16 Candlewood Rd., Lynnfield	100	
3/15/21	James Healey 17 Pine Hill Rd., Lynnfield	200	SVP, Eastern Bank
2/8/21	Charlie Lyons 16 Sumner Way, Methuen, MA	200	Consultant, Lyons Consulting
2/24/21	Sabrina Maddell 1 Ashdale Rd., Lynnfield	100	
3/23/21	Michael McFlynn 1 Manuola Way, Methuen, MA	200	Consultant, Michael J. McFlynn LLC
3/2/21	Nancy McManus 76 Canterbury Rd., Lynnfield	100	
4/1/21	Beverly Merritt 4 Glen Dr., Lynnfield	200	Retired
2/27/21	Gerard Nouri 73 Fairview Ave., Lynnfield	200	Director Relationship Mgmt Cartera Commerce
3/5/21	Lou Tronzo 43 Gony Lane, Lynnfield	250	Physician, North Shore Neurology
2/3/21	Steve Walsh 2 Mayberry Ln., Lynnfield	250	President & CEO, MA Health & Hospital Association
3/5/21	Charlie Wills 7 Smith Farm Trail, Lynnfield	100	

Line 9: Total Receipts over \$50 (or listed above)

2,000

this page

Line 10: Total Receipts \$50 and under* (not listed above)

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Line 11: TOTAL RECEIPTS IN THE PERIOD

5,075

← 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
3/3/21	Counolly Printing	17B Gill St. Woburn, MA 01801	Yard signs & frames	1,184.69
3/31/21	Counolly Printing	17B Gill St. Woburn, MA 01801	Dear Friend postcards	244.38
3/18/21	Essex Media Group	110 Monroe St. Lynn, MA 01901	Newspaper ad	270
3/22/21	Essex Media Group	110 Monroe St. Lynn, MA 01901	Newspaper ad	270
3/29/21	Essex Media Group	110 Monroe St. Lynn, MA 01901	Newspaper ad	270
3/22/21	Great Oak Publications	26 Albion St. Wakefield, MA 01880	Newspaper ad	362.25
3/29/21	Great Oak Publications	26 Albion St. Wakefield, MA 01880	Newspaper ad	362.25
Line 12: Total Expenditures over \$50 (or listed above)				2,963.57
Line 13: Total Expenditures \$50 and under* (not listed above)				61.89
Line 14: TOTAL EXPENDITURES IN THE PERIOD				3,025.46

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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
3/1/21	Brian Charvillat Attorney, Ferris Dev. Group	9 Willard Ln. Lynfield	Newspaper ad	420
3/4/21	Brian Charvillat Attorney, Ferris Dev. Group	9 Willard Ln. Lynfield	Newspaper ad	270
3/8/21	Brian Charvillat Attorney, Ferris Dev. Group	9 Willard Lane Lynfield	Newspaper ad	362.25
3/11/21	Brian Charvillat Attorney, Ferris Dev. Group	9 Willard Ln. Lynfield	Newspaper ad	270
3/15/21	Brian Charvillat Attorney, Ferris Dev. Group	9 Willard Ln. Lynfield	Newspaper ad	362.25
2/5/21 - 4/5/21	Sarah Handler Kelley Marketing Consultant, self-employed	2 Davenport Court Lynfield	Digital media consulting	1,000
2/28/21	Sarah Handler Kelley Marketing consultant, self-employed	2 Davenport Court Lynfield	Photographs	200
Line 15: In-Kind Contributions over \$50 (or listed above)				2,884.50
Line 16: In-Kind Contributions \$50 & under (not listed above)				ϕ
Line 17: TOTAL IN-KIND CONTRIBUTIONS				2,884.50

Enter on page 1, line 6 →

* 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)**

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