

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

		File with: City or Town Clerk or F	Election Commission
Fill in Reporting Period dates: Beginning Date:	5-12-2	3 Ending Part DEC 48 TP 2:05	3
Type of Report: (Check one)		TOWN CLERKS OFFICE	
8th day preceding preliminary 8th day preceding elec	ction 30 day	after election year-end report	dissolution
Joseph A. Markey	Jo	seph Markey Commit	Hee
Lynnfield Town Moderator	Jos	committee Name	
Office Sought and District 22 Pine St. Lynn field, MA 01940 Residential Address	2 22 F	Name of Committee Treasurer f Name of Committee Treasurer f Committee Mailing Address	01940
E-mail: iomarkey@verizon.net	E-mail:	jomarkey @ verizon.	net
Phone # (optional):	Phone # (1	
SUMMARY BAI	LANCE INFO	RMATION:	
Line 1: Ending Balance from previous repo	ort	6812.47	
Line 2: Total receipts this period (page 3, li	ine 11)	Ø	
Line 3: Subtotal (line 1 plus line 2)		6812.47	
Line 4: Total expenditures this period (page	e 5, line 14)	3241,00	
Line 5: Ending Balance (line 3 minus line 4	4)	3571.47	
Line 6: Total in-kind contributions this peri	iod (page 6)	Ø	
Line 7: Total (all) outstanding liabilities (pa		Ø	
Line 8: Name of bank(s) used: The S	avings t	Bank.	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to activity, including all contributions, loans, receipts, expenditures, disbursements, finance activity of all persons acting under the authority or on behalf of this commissioned under the penalties of perjury:	in-kind contributions mittee in accordance w	and liabilities for this reporting period and represents the	mpaign finance e campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (ch	eck 1 box only)		
Candidate with Committee and no activity independent of the committee X certify that I have examined this report including attached schedules and it activity, of all persons acting under the authority or on behalf of this commit incurred any liabilities nor made any expenditures on my behalf during this	is, to the best of my k	nowledge and belief, a true and complete statement of a the requirements of M.G.L. c. 55. I have not received	ll campaign finance any contributions,
Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it finance activity, including contributions, loans, receipts, expenditures, disbut campaign finance activity of all persons acting under the authority or on beh	is, to the best of my kinsements, in-kind contral of this committee it	nowledge and belief, a true and complete statement of all ributions and liabilities for this reporting period and rem	Il campaign resents the
Signed under the penalties of perjury:	Costas	(Candidate's signature) Date: /2	126/23

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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)	
Line 9: Total Receip	ots over \$50 (or listed above)	φ		
Line 10: Total Recei	pts \$50 and under* (not listed above)	ø		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2	

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

- F	To Whom Paid	mittee name and a page number on	l each page.)	T
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
10/30/23	JosephMarkey	22 Pine Street Lynnfield, HA 01940	Reimbursement for Charitable Donation	680.00
10/30/23	Joseph Markey	//	//	511,00
10/30/23	Joseph Markey	/(//	1000.00
11/14/23	Steve Cole Ila	4 Hillis Avenue Wakefield, MA 01880	Charitabe Donation	200,00
11/30/33	SteveColella	"	1/	250,00
		Line 12: Total Expenditures ove	er \$50 (or listed above)	3241.00
		Line 13: Total Expenditures \$50	and under* (not listed above)	Ø
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	3241.00

^{*} 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 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	Valu
		Line 15: In-Kind Contribution	as over \$50 (or listed above)	P
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
		Line 17: TOTAL IN-KIND (~~~~~~~~~	66

^{*} 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 add 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 as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amou

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)