



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Received 4/6/15
by
Town Clerk
Judy Reed

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2-8-15 Ending Date: 4-6-15

Type of Report: (Check one)

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

Christopher J. Barrett
Candidate Full Name (if applicable)

Selectmen Town of Lynfield
Office Sought and District

38 Fairview Ave Lynfield, MA 01940
Residential Address

Telephone Number (optional):

Committee To Elect Christopher J. Barrett
Committee Name

Walter A. Keady
Name of Committee Treasurer

25 Heritage Ln Lynfield, MA 01940
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$ 1,242.58

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

\$ 6,680

Line 3: Subtotal (line 1 plus line 2)

\$ 7,922.58

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

\$ 6,173.38

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

\$ 1,749.40

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

0

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:

Walter A. Keady

(Treasurer's signature)

Date:

4-6-15

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:

Christal J. Zanetti

(Candidate's signature)

Date:

4/6/2015

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)
3/19	JACK DOELSON 9 HARTSHIRE DR. LYNNFIELD, MA 01940	\$100	
2/10	LAUREN DOELSON 800 JACKSON ST. Unit 909 Hoboken, N.J. 07030	\$100	
3/2	FRANK & Nancy ANDERSEN 303 ESSEX VILLAGE LYNNFIELD, MA 01940	\$100	
3/8	LEE BARRETT 30 DAYENTRY CT LYNNFIELD, MA 01940	\$100	
3/20	KATHLEEN BARRETT 38 FAIRVIEW AVE LYNNFIELD, MA 01940	\$100	
3/16	RUSSELL BOEKER 2 Timberhill Ter. LYNNFIELD, MA 01940	\$150	
3/20	Joe Bolino 6 JENNIFER RD WANSFIELD, MA 01880	\$100	
3/2	JOAN BOURQUE 116 LOCKSLEY RD LYNNFIELD, MA 01940	\$250	RETIRED, no employer
2/19	MIKE & KATHY BRAINERD 6 BRASSIE WAY NORTH READING, MA 01864	\$50	
4/2	SHARON CAIRO 13 HUNTINGTON RD LYNNFIELD, MA 01940	\$500	RETIRED, no employer
3/19	THOMAS CIVILIA 335 WERRIMAN ST. Unit 16 METHUEN, MA 01844	\$50	
3/20	John & Lisa COOKE 1405 CRANE BROOKWAY PSABODY, MA 01966	\$50	

Line 9: Total Receipts over \$50 (or listed above) 1,650

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.

Committed To Elect
CHRISTOPHER T. BARRETT

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/11	Philip Candace Devere 20 Edgemere Rd. Lynnfield, MA 01940	\$250	Banker - Salem Five Bank 104 South Main St. Middletown, MA 01949
3/4	JEANNA Doyle 11 Westover Dr. Lynnfield, MA 01940	\$100	
3/11	JAMES DRISCOLL 19 Teaberry Dr. Lynnfield, MA 01940	\$100	
3/23	William & Mary Fallon 12 Teaberry Ave. Andover, MA 01810	\$100	
3/20	Gilfranz & Sai Giugliano 1 Giugliano Ter. Lynnfield, MA 01940	\$100	
3/1	HARSH GREENSTEIN 3 Skinner Ln. Lynnfield, MA 01940	\$100	
3/1	MICHAEL ISO 89 River St. Andover, MA 01810-5502	\$50	
3/2	WALTER & GAIL REDDY 25 Heritage Ln. Lynnfield, MA 01940	\$100	
2/11	John H. Kimball III 816 Main St. Lynnfield, MA 01940	\$100	
3/2	HAROLD LeGROW 28 Edgemere Rd. Lynnfield, MA 01940	\$500	Retired, no employer
3/19	LORETTA LOOMAS 1 Timberhill Tr. Lynnfield, MA 01940	\$100	
3/2	Joe Manney Sr. & Carol Ann Rd. Lynnfield, MA 01940	\$100	
3/2	Carol Manney & Carol Ann Rd. Lynnfield, MA 01940	\$100	

Line 9: Total Receipts over \$50 (or listed above) $1,650 + 1800 = 3,450$

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.

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/15	Tom & Mary Ellen Manning 1046 Main St. Lynnfield, MA 01940	\$ 25	MARKET RESEARCHER - F
2/22	Alicia McCann 213 River St. Dedham, MA 02026	\$ 200	MARKET RESEARCHER - FORRESTER RESEARCH 60 ARLING PARK DRIVE CAMBRIDGE, MA 02140
3/5	Beverly Merritt 4 Glen Dr. Lynnfield, MA 01940	\$ 250	RETIRED, NO EMPLOYER
2/10	Brian Messin 245 E 63rd St. NEW YORK, N.Y. 10065	\$ 50	
3/26	Matthew Modiewicz 19 Yorkshire Dr. Lynnfield, MA 01940	\$ 100	
3/30	Joseph Motzkin 15 N. Hill Dr Lynnfield, MA 01940	\$ 200	OWNER - EMPIRE RECYCLING 36 STERLING ROAD BILMERE, MA 01863
3/11	John & Hilan Moynihan 34 DORCHESTER Cir. Lynnfield, MA 01940	\$ 100	
3/6	Bruce Nelson 4022 TANEY AVE. ALEXANDRIA, VA 22304	\$ 250	CONSULTANT - RED COVE SOLUTIONS 138 CONANT ST. BEVERLY, MA 01915
4/2	John O'Brien 55 Hawley Rd. Melrose, MA 02176	\$ 100	
3/23	John Pascocci 11 Idanus Rd. Lynnfield, MA 01940	\$ 100	
2/14	Tara Philbin 733 EAST 3rd St S. BOSTON, MA 02127	\$ 100	
3/30	Susan & Jeffrey Polansky 1 Melody Ln Lynnfield, MA 01940	\$ 200	Surgeon - Sports Medicine World 1 ORTHOPEDICS DRIVE PEABODY, MA 01960
3/31	Sean Riley 4 Ashley Cir. Lynnfield, MA 01940	\$ 500	Partner - Mortgage Equity Partners 200 BROADWAY, Suite 101 Lynnfield, MA 01940

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

3,450 +

2225

= 5,675

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)
3/2	Richard Ripley 2 Lee Rd. Lynnfield, MA 01940	\$ 100	
3/20	Fredo Klein Sam Angelo 5 Tophet Rd Lynnfield, MA 01940	\$ 150	
3/12	Shannon Scire 10 Benson Ave. Saugus, MA 01906	\$ 100	
3/20	James & Lois Simard 360 Andover St. Danvers, MA 01923	\$ 50	
3/21	Matthew Trainor 3 Patricia Ln. Lynnfield, MA 01940	\$ 50	
3/25	Louise Eileen Trapasso 3 Tean Ln. Lynnfield, MA 01940	\$ 50	
3/30	Robert Travers 54 Fullerson St. Cambridge, MA 02141	\$ 50	
3/11	Michael & Heidi Turner 58 Munroe St. Lynnfield, MA 01940	\$ 100	
2/9	Mark Vitagliano 2 Apple Hill Ln Lynnfield, MA 01940	\$ 100	
3/30	John Wenzel 3 Walthamore Ln Lynnfield, MA 01940	\$ 100	

Line 9: Total Receipts over \$50 (or listed above) \$ 5,725 + \$ 850 = 6,575

Line 10: Total Receipts \$50 and under* (not listed above) \$ 155

Line 11: TOTAL RECEIPTS IN THE PERIOD \$ 6,680 ← 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
3/9	Connelly Printing	17 B 8th ST Woburn, MA 01801	SIGNS	\$1,431.22
3/19	Pay Pal	2211 NORTH FIRST STREET SAN JOSE, CA 95131	TRANSFER of DONATION TO BANK	\$63.31
3/10	Seaboard Publishing	10 1ST AVE Peabody, MA 01960	ADVERTISING	\$360.00
3/20	Seaboard Publishing	10 1ST AVE Peabody, MA 01960	ADVERTISING	\$540
3/30	Seaboard Publishing	10 1ST AVE Peabody, MA 01960	ADVERTISING	\$540
4/2	Seaboard Publishing	10 1ST AVE Peabody, MA 01960	ADVERTISING	\$1080
3/2	WAKEFIELD ITEM	26 ALBION ST WAKEFIELD, MA 01880	ADVERTISING	\$225
3/11	WAKEFIELD ITEM	26 ALBION ST WAKEFIELD, MA 01880	ADVERTISING	\$305
3/17	WAKEFIELD ITEM	26 ALBION ST WAKEFIELD, MA 01880	ADVERTISING	\$425
3/30	WAKEFIELD ITEM	26 ALBION ST WAKEFIELD, MA 01880	ADVERTISING	\$425
4/2	WAKEFIELD ITEM	26 ALBION ST WAKEFIELD, MA 01880	ADVERTISING	\$749
Line 12: Total Expenditures over \$50 (or listed above)				\$6,144.03
Line 13: Total Expenditures \$50 and under* (not listed above)				\$29.35
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$6,173.38

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