

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

OT ITEMS delication and the second se	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 3/2	8/19 Ending Date: 4/2/18
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)	CommiTTEE TO SEET TIMOTHY DOPLE
SCHOOL COMMITTEE, LYNN FIELD	Committee to GET TIMOTHY DOYLE TENNIFER DIYLE
Office Sought and District	Name of Committee Treasurer
19 WESTOVEL DRIVE	19 WESTOVER DR LYNNERED AND 11940 Committee Mailing Address
F-mail: The ATALO COLLARS MAD ONLY THE ACOM	E-mail: TEMES . DOYLETMMR GMAIL . COM
E-mail: TIMOTHY & COLONADA - ODY LE 1 COM Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	· . 600
Line 2: Total receipts this period (page 3, line 11)	0 00
Line 3: Subtotal (line 1 plus line 2)	- 000 is
Line 4: Total expenditures this period (page 5, lin	1e 14)
Line 5: Ending Balance (line 3 minus line 4)	-98Z =
Line 6: Total in-kind contributions this period (pa	age 6) 0, 60
Line 7: Total (all) outstanding liabilities (page 7)	+ 98Z °=
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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on-behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)
Candidate with Committee and no activity independent of the committee 1 certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actine and it is not made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance eccordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period.
Candidate without Committee OR Candidate with independent activity filing as I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the is committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 4/z/18

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.)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
4				
1				
1				
1				
or years				
	8			
	l li			
11				
	F			
			L	
ine 9: Total Recei	pts over \$50 (or listed above)			
ine 10: Total Recei	ipts \$50 and under* (not listed above)			
	ECEIPTS 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)
	*		
No. of the latest and			
77777			
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
			Id include only those receipts not itemized above.

^{*} 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.)

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
3/26/18	Rozon Georgias	P.O. BOX 794 MARBLENEAD, MA 01945	DOWFICAL.AD	\$838.60	
3/20/18	4.S. POSTAL SERVICE		MAILING	144.00	
THE STATE OF THE S					
	-				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	982.00	
		Line 13: Total Expenditures \$50	and under* (not listed above)		
		Line 14: TOTAL EXPENDIT		982.50	

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

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
70.00				
				4
	×			
A CONTRACTOR OF THE CONTRACTOR				
			2	
		Line 12: Expenditures over \$50	(or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} 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 CO	ONTRIBUTIONS	0.00

^{*} 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
3/28/18	Rower Crappies	1.0.BOX 794 MARBLEY 607, MA 0 1945	POLITICAL AO	183814
= po/18	4.5. Postar Services		mesus	144 8
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	9825