

# Form CPF M 102: Campaign Finance Report Municipal Form

RECEIVED
Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	5 (04/03/18 Ending Date: 01/22/2019
Type of Report: (Check one)	CF
☐ 8th day preceding preliminary ☐ 8th day preceding el	lection 30 day after election year-end report dissolution
TIMOTHY J. DOYLE	COMMITTEE TO RE-ELECT TIMOTHY J. DOYLE
Candidate Full Name (if applicable)	Committee Name
SCHOOL COMMITTEE	JENNIFER M. DOYLE
Office Sought and District	Name of Committee Treasurer  19 WESTOVER DRIVE, LYNNFIELD, MA 01940
19 WESTOVER DRIVE, LYNNFIELD, MA 01940  Residential Address	Committee Mailing Address
E-mail:	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BA	ALANCE INFORMATION:
Line 1: Ending Balance from previous re	port -982
Line 2: Total receipts this period (page 3,	, line 11) 500
Line 3: Subtotal (line 1 plus line 2)	-732
Line 4: Total expenditures this period (pa	age 5, line 14) 453.52
Line 5: Ending Balance (line 3 minus line	e 4) -1,185.52
Line 6: Total in-kind contributions this pe	eriod (page 6)
Line 7: Total (all) outstanding liabilities (	(page 7) 1,435.52
Line 8: Name of bank(s) used: THE SAVING	3S BANK
	t, to the best of my knowledge and belief, a true and complete statement of all campaign finance atts, in-kind contributions and liabilities for this reporting period and represents the campaign sommittee in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: Jan 22, 2019
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (	(check 1 box only)
	It it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance mittee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
finance activity, including contributions, loans, receipts, expenditures, dis	It is, to the best of my knowledge and belief, a true and complete statement of all campaign sbursements, in-kind contributions and liabilities for this reporting period and represents the behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature)

#### **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)
4/1/2018	BRIAN D. MCCOUBREY, 82 ELM STREET, WAKEFIELD, MA 01880	100	
4/23/18	BRIAN R. CHARVILLE, 9 WILLARD LN, LYNNFIELD, MA 01940	100	
07/09/2018	SCOTT GEDIMAN, 9 LAVALLEY LN, NEWBURYORT, MA 01950	100	
05/29/2018	TERRENCE W. KENNEDY 512 BROADWAY EVERETT, MA 02149	200	
Line 9: Total Receipts over \$50 (or listed above)		500	
Line 10: Total Receipts \$50 and under* (not listed above)		50	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	550	← Enter on page 1, line 2

<sup>\*</sup> 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)**

D-4- D	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	#		
ne 0: Total Passin	ts over \$50 (or listed above)		
ne 9. Total Receip	to over 400 (or fisted above)		
ne 10: Total Receip	ots \$50 and under* (not listed above)	, , , , , , , , , , , , , , , , , , ,	
no 11, TOTAL DI	ECEIPTS IN THE PERIOD		
	AND DONALD AND AND AND		☐ Enter on page 1, line 2  Id include only those receipts not itemized above.

<sup>\*</sup> 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.)

eport 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	RAZOR GRAPHICS	P.O. BOX 794, MARBLEHAED, MA 01940	POLITICAL AD	838
3/28/18	U.S. POSTAL SERVICE		MAILING	144
4/2/18	U.S. POSTAL SERVICE		MAILING	214.82
4/11/18	FACEBOOK		ELECTRONIC ADVERTISING	202.95
		Line 12: Total Expenditures ov	er \$50 (or listed above)	1,399.77
		Line 13: Total Expenditures \$50		35.75
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1,435.52

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

Page 4

# **SCHEDULE B: EXPENDITURES (continued)**

· I	To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
	1,000,000					
			11			
	758 204					
		Line 12: Evnanditures over \$50	0 (or listed above)			
		Line 12: Expenditures over \$50	o (or fisied above)			
		Line 13: Expenditures \$50 and	under* (not listed above)	annord West (1950-11)		
	e se se	T. 44 MODAT PRINCIPLE	THE CALL THE PARTY OF			
		Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD			

<sup>\*</sup> 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 CONTRIBUTIONS				

<sup>\*</sup> 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.

Page 6

# SCHEDULE D: LIABILITIES

M.G.L. e. 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
4/3/18	TIMOTHY J. DOYLE	19 WESTOVER DRIVE, LYNNFIELD, MA 01940	POLITICAL ADVERTISING, RAZOR GRAPHICS	838
3/28/18	TIMOTHY J. DOYLE	19 WESTOVER DRIVE, LYNNFIELD, MA 01940	MAILING, U.S. POSTAL SERVICE	144
4/2/18	TIMOTHY J. DOYLE	19 WESTOVER DRIVE, LYNNFIELD, MA 01940	ELETRONIC ADVERTISING, FACEBOOK	35.75
4/2/18	TIMOTHY J. DOYLE	19 WESTOVER DRIVE, LYNNFIELD, MA 01940	MAILING, U.S. POSTAL SERVICE	214.82
4/11/18	TIMOTHY J. DOYLE	19 WESTOVER DRIVE, LYNNFIELD, MA 01940	ELECTRONIC ADVERTISING, FACEBOOK	202.95
	Enter on page 1, line 7 -	Line 18: TOTAL OUTSTA	NDING LIABILITIES (ALL)	1,435.52