

# Form CPF M 102: Campaign Finance Report Municipal Form LYNN ELECTION OF FIGE of Campaign and Political Finance

of Massachusetts	. 2017 0	CT 31 A 8: 36	0							
Fill in Reporting		Beginning Date:	09/05	5/2017		Ending D		City or Town Cle 10/30/2017	rk or Elec	ction Commissio
Type of Report:	(Check one)									
8th day preceding		8th day preceding elec	ction [	☐ 30 day	after e	election	☐ yea	r-end report	☐ di	issolution
Michael Anthony Sat	terwhite			Michael	A Sat	terwhite Ca	manica	F		
	Candidate Full Name (if a	applicable)		[	, A Sac	icer writte Ca		ee Name		
Lynn School Commit	tee			Melvin S	Sattery	white				
	Office Sought and Di	istrict					e of Comm	nittee Treasurer		
347 Cedar Brook Rd	Lynn MA 01904			49 Saur	nders R	Rd Lynn MA	01904			
	Residential Addre	SS						uling Address		
Telephone Number (option	al): (6	17) 257-1295		Telephone	Number	r (optional):		(781) 913	3-4305	
		SUMMARY BAL	ANCE	INFOI	RMA	TION:				I
Line		e from previous repor		[				855.	7	
Line	2: Total receipts the	his period (page 3, lin	ne 11)	[		1	046			
	3: Subtotal (line 1			Ī			901		-	
Line 4	: Total expenditu	res this period (page	5, line	14) [			46.		-	
1		(line 3 minus line 4)		Ĺ		-		5.10	-	
Line (	: Total in-kind co	ontributions this perio	od (page	(6) [			()	),,,	-	,
		anding liabilities (pag					5		]	
	: Name of bank(s			<u>L</u>					]	
			171	2:/\						
inance activity of all persons	this report including atta utions, loans, receipts, ex acting under the authorit	ched schedules and it is, to ti penditures, disbursements, in y or on behalf of this commi	he best of r n-kind cont ittee in acco	my knowled ributions and ordance with	ge and b d liabilit the req	pelief, a true an ties for this rep juirements of M	d complet orting per A.G.L. c. 5	e statement of all iod and represent 5.	campaig	gn finance npaign
igned under the penalties		4			(	Treasurer's sign	nature)	Date:	0.30	-17
		fidavit of Candidate: (chec	k 1 box or	ıly)						
activity, of all persons ac	uned this report including	ependent of the committee g attached schedules and it is, or on behalf of this committee on my behalf during this rep	, to the bes	t of my know ance with the	wledge a	and belief, a tru rements of M.G	ue and con	aplete statement of lave not receive	of all cam red any c	npaign finance ontributions,
Candidate without Con I certify that I have exam finance activity, includin	ined this report including	with independent activity fil attached schedules and it is, ceipts, expenditures, disburse der the authority or on behalf	ling separa	ate report t of my know	wledge a utions ar	and belief, a tru nd liabilities fo ace with the req	ne and com or this repo	aplete statement or orting period and of M.G.L. c. 55	of all cam	npaign ts the
gned under the penalties o		)/		X		Candidate's sign		Date: 10	3-30	-07

#### **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)
09/17/2017	Alexander Cuevas 577 Walnut Street Lynn, MA 01905	100	Desident
09/18/2017	Michael Satterwhite 347 Cedar Brook Rd Lynn MA 01904	50	Attorney Self Employed
09/29/2017	Michael Satterwhite 347 Cedar Brook Rd Lynn MA 01904	250	Attorney Self Employed
10/15/2017	Michael Satterwhite 347 Cedar Brook Rd Lynn MA 01904	65.13	Attorney Self Employed
10/20/2017	Michael Satterwhite 347 Cedar Brook Rd Lynn MA 01904	202.23	Attorney Self Employed
10/28/2017	Michael Satterwhite 347 Cedar Brook Rd Lynn MA 01904	100	Attorney Self Employed
10/29/2017	Michael Satterwhite 347 Cedar Brook Rd Lynn MA 01904	250.14	Attorney Self Employed
ne 9: Total Receip	ts over \$50 (or listed above)	1,017.5	
ne 10: Total Receip	ots \$50 and under* (not listed above)	29.3	
ne 11: TOTAL RI	CEIPTS IN THE PERIOD	1,046.8	- Enter on page 1, line 2

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			/
e 9: Total Receipts	over \$50 (or listed above)		
e 10: Total Receipts	\$50 and under* (not listed above)		
e 11: TOTAL REC	CEIPTS IN THE PERIOD	<b>←</b>	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 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

Date Paid	ditures. Please include your cor To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/28/2017	Lynn Community Connections Coalation	20 Wheeler Street Lynn MA	Donation	Amount
09/29/2017	Lynn Tech Alumni Golf	Lynn Tech, Lynn MA 01901	Donation	10
09/29/2017	Arts After Hours	25 Exchange St, Lynn, MA 01901	Donation	15
09/18/2017	The Mount Carmel/Damascus Masonic Angel Fund	Lynn MA	Donation	50
10/15/2017	cvs	Boston Street, Lynn MA	Basket for Paint and Sip Fundraiser, Gift Cards	65.13
10/20/2017	Walgreens	Union Street, Lynn MA	Candy, plastic bags, cookies	202.23
.0/28/2017	Facebook	website	ads	250.14
	Line 12: Total Expenditures over \$50 (or listed above)			91720
	f.		and under* (not listed above)	29.3
	Enter on page 1, line 4 → ed expenditures of \$50 and under,	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	946.80

<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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
				Amoun
	,			
<b>   </b>				
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
		Line 14: TOTAL EXPENDIT		

<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
	/	1		
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	<del></del>	
	l l	Line 17: TOTAL IN-KIND CO		

<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.

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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
	$\mathcal{A}$			
		$\prod$		
		ine 18: TOTAL OUTSTANDII		