



Form CPF M 102: Campaign Finance Report Municipal Form

LYNN ELECTION OFFICE

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

2019 OCT 28 A 8:16

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: _____ Ending Date: _____

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Donna Coppola
 Candidate Full Name (if applicable)
 Lynn School Committee
 Office Sought and District
 300 Lynn Shore DR Lynn, MA
 Residential Address
 E-mail: _____
 Phone # (optional): _____

Comm to elect Donna Coppola
 Committee Name
 Harry Coppola
 Name of Committee Treasurer
 300 Lynn Shore DR Lynn, MA
 Committee Mailing Address
 E-mail: _____
 Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2,300.13
Line 2: Total receipts this period (page 3, line 11)	1,500.00
Line 3: Subtotal (line 1 plus line 2)	3,800.13
Line 4: Total expenditures this period (page 5, line 14)	602.97
Line 5: Ending Balance (line 3 minus line 4)	3,197.16
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:	Costa 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: Harry Coppola (Treasurer's signature) Date: 10/27/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.
 Signed under the penalties of perjury: Donna Coppola (Candidate's signature) Date: 10/27/19

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)
10/28/19	640 Box Ford Rd Haverhill, MA 01835 HARRINGTON, Michael	200.00	SELF Employed
10/28/19	Mooney, Scott 209 Enright Ave Revere, MA	100.00	MBTA
10/21/19	O'Brien, John 31 Apple Blossom Ln. Lynn, MA	200.00	Reg. of Deeds Essex County
10/21/19	Walsh, Laura 15 Avon St. Lynn, MA	100.00	Johns Oil
Line 9: Total Receipts over \$50 (or listed above)		600.00	
Line 10: Total Receipts \$50 and under* (not listed above)		900.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,500.00	← 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)
Line 9: Total Receipts over \$50 (or listed above)			
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 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)			Ø	
Line 16: In-Kind Contributions \$50 & under (not listed above)			Ø	
Line 17: TOTAL IN-KIND CONTRIBUTIONS			Ø	



Enter on page 1, line 6 →

* 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.

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
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				
Enter on page 1, line 7 →				



 Page 7