



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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CITY OF LYNN  
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2023 AUG 28 P 1:25  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2023 Ending Date: 08/28/2023

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

Andrea Lee Satterwhite  
Candidate Full Name (if applicable)  
School Committee  
Office Sought and District  
41 Bridle Path Road Lynn MA 01904  
Residential Address  
E-mail: andreaforlynn@gmail.com  
Phone # (optional): \_\_\_\_\_

Andrea Satterwhite Committee  
Committee Name  
Kristina Pezzulo  
Name of Committee Treasurer  
182 Myrtle Street Lynn MA 01905  
Committee Mailing Address  
E-mail: andreaforlynn@gmail.com  
Phone # (optional): \_\_\_\_\_

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	\$6,098.27
Line 3: Subtotal (line 1 plus line 2)	\$6,098.27
Line 4: Total expenditures this period (page 5, line 14)	\$5,098.07
Line 5: Ending Balance (line 3 minus line 4)	\$1,000.20
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	\$4,973.07
Line 8: Name of bank(s) used:	<u>Rockland Trust Bank</u>

**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: Kristina Pezzulo (Treasurer's signature) Date: 8/28/23

**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.  
Date: 8/28/23

Last Name	First Name	Judicial Name	Title	St. #	St. Suffix	Street Name	Apt. #	Zip	Voter ID Number	Party Affiliation	Date of Birth	Date of Registration	Ward	Precinct	Cong Dist #	Sen Dist #	State Rep	Voter Status
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## 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)
06/19/23	Paul Crowley 86 Holyoke Street Lynn MA 01905	\$50.00	
06/19/23	Rogelio Garcia 46 Harvest St Lynn MA 01902	\$200.00	Sel Employed- Aprils Restaurant
06/19/23	Esther Summersett 265 Euclid Ave Lynn MA 01904	\$50.00	
06/19/23	Joseph Spina 45 Traders Way Apt 70103 Salem MA 01970	\$50.00	
06/01/23	John Clem 91 Commonwealth Rd Lynn MA 01904	\$25.00	
06/01/23	Rick Pezzulo 812 Gulfwood Rd Knoxville TN 37923	\$50.00	
03/31/23	Rachel Gorman 84 Aburn St Unit 1302 Peabody MA 01960	\$25.00	
05/26/23	Marissa Pike 85 Newcastle St 103 Lynn MA 01905	\$50.00	
07/27/23	James Carrigan 15 Johnson St Lynn MA 01905	\$500.00	Self- Attorney James Carrigan Law Office
07/14/23	Adam Wheeler 9 Surfside Rd 16 Lynn MA 01902	\$25.00	
06/18/23	Tracy Jones 5151 Hidalgo St 496 Houston TX 77056	\$100.00	
08/16/23	Andrea Satterwhite 41 Bridle Path Rd Lynn MA 01904	\$79.49	
Line 9: Total Receipts over \$50 (or listed above)		\$800.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$404.49	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$1,204.49</b>	← 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)
05/02/23	Andrea Satterwhite 41 Bridle Path Rd Lynn MA 01904	\$2,343.54	Nurse Practitioner - Middleton Family Medicine
07/19/23	Andrea Satterwhite 41 Bridle Path Rd Lynn MA 01904	\$1,741.00	Nurse Practitioner-MFM
08/14/23	Andrea Satterwhite 41 Bridle Path Rd Lynn MA 01904	\$135.72	
08/11/23	Andrea Satterwhite 41 Bridle Path Rd Lynn MA 01904	\$59.30	
08/18/23	Andrea Satterwhite 41 Bridle Path Rd Lynn MA 01904	\$110.00	
05/30/23	Andrea Satterwhite 41 Bridle Path Rd Lynn MA 01904	\$232.28	
06/18/23	Andrea Satterwhite 41 Bridle Path Rd Lynn MA 01904	\$63.74	
06/05/23	Andrea Satterwhite 41 Bridle Path Rd Lynn MA 01904	\$63.00	
06/03/23	Andrea Satterwhite 41 Bridle Path Rd Lynn MA 01904	\$145.20	
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		<b>\$4,893.78</b>	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		<b>0</b>	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$6,098.27</b>	← 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
07/14/23	LVTA Inc	221 Verona St Lynn MA 01904	Sponsorship	\$125.00
07/19/23	Hannaford & Dumas Corp	26 Conn St Woburn MA 01801	Mailers	\$1,741.00
05/02/23	Thriftco	56 Pulaski St Peabody MA	Campaign Signs, wires, palm card	\$2,001.54
05/02/23	Merchbro, Inc	190 Exchange St Pawtucket RI 02860	Wristbands	\$342.00
06/03/23	USPS	245 Maple St Lynn MA 01904	Postage	\$145.20
06/05/23	USPS	245 Maple St Lynn MA 01904	Postage	\$63.00
05/30/23	Staples	444 Broadway Saugus MA 01906	Cards	\$232.28
08/16/23	Dunkin'	Boston St Lynn MA 01904	Coffee for Event	\$42.78
08/18/23	Walgreens	290 Broadway Lynn MA 01904	Gift Card Prizes for Event	\$110.00
08/16/23	Target	400 Lynnfells Pkwy Saugus MA 01906	Food for events	\$36.71
08/14/23	Staples	444 Broadway Saugus MA 01906	Business Cards	\$43.01
06/18/23	Staples	444 Broadway Saugus MA 01906	Labels	\$63.74
<b>Line 12: Total Expenditures over \$50 (or listed above)</b>				<b>\$4,823.56</b>
<b>Line 13: Total Expenditures \$50 and under* (not listed above)</b>				<b>\$122.50</b>
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>\$4,946.06</b>

Enter on page 1, line 4 →

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

**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
08/14/23	Dunkin	Boston St Lynn MA	Giftcard for event prize	\$20.00
08/11/23	Dunkin	Boston St Lynn MA	Food/Coffee for event	\$59.30
08/14/23	Dunkin	Boston St Lynn MA	Food, coffee for event	\$72.71
Line 12: Expenditures over \$50 (or listed above)				\$132.01
Line 13: Expenditures \$50 and under* (not listed above)				\$20.00
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				\$5,098.07

Enter on page 1, line 4 →

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

## 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)				
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<b>0</b>

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
05/02/23	Andrea Satterwhite	41 Bridle Path Rd Lynn MA 01904	Loan to buy Campaign Material & Wristbands	\$2,343.54
08/16/23	Andrea Satterwhite	41 Bridle Path Rd Lynn MA 01904	Loan to buy food and coffee for event	\$79.49
07/19/23	Andrea Satterwhite	41 Bridle Path Rd Lynn MA 01904	Loan to purchase mailer	\$1,741.00
08/14/23	Andrea Satterwhite	41 Bridle Path Rd Lynn MA 01904	Loan to buy business cards, and food for event	\$135.72
08/11/23	Andrea Satterwhite	41 Bridle Path Rd Lynn MA 01904	loan to buy food for event	\$59.30
08/18/23	Andrea Satterwhite	41 Bridle Path Rd Lynn MA 01904	loan to buy giftcards for event prizes	\$110.00
05/30/23	Andrea Satterwhite	41 Bridle Path Rd Lynn MA 01904	loan to buy cards	\$232.28
06/18/23	Andrea Satterwhite	41 Bridle Path Rd Lynn MA 01904	loan to buy labels	\$63.74
06/05/23	Andrea Satterwhite	41 Bridle Path Rd Lynn MA 01904	loan to buy postage	\$63.00
06/03/23	Andrea Satterwhite	41 Bridle Path Rd Lynn MA 01904	loan to buy postage	\$145.20
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	<b>\$4,973.07</b>