



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
CLERK'S OFFICE  
TOWN OF LYNN

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2011 OCT 31 AM 11:44

**Fill in dates:**

Reporting Period Beginning <sup>Month</sup> August <sup>Date</sup> 1 <sup>Year</sup> 2011 Ending <sup>Month</sup> October <sup>Date</sup> 31 <sup>Year</sup> 2011

**Type of report:** (Check one)

8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Richard E. Sullivan, Jr.

Full Name of Candidate (if applicable)

Councilor at Large

Office Sought and District

6 Lt. Leary Drive

Residential Address

Tel. No. (optional)

Committee to Elect Richard E. Sullivan, Jr.

Committee Name

Charles J. Ciavacco

Name of Committee Treasurer

6 Lt. Leary Drive

Committee Mailing Address

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 0.00
Line 2: Total receipts this period (page 2, line 11)	\$ 3,785.00
Line 3: Subtotal (line 1 plus line 2)	\$ 3,785.00
Line 4: Total expenditures this period (page 3, line 14)	\$ 3,087.39
Line 5: Ending balance (line 3 minus line 4)	\$ 697.61
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Line 6: Total in-kind contributions this period (page 4)	\$ 0.00
Line 7: Total (all) outstanding liabilities (page 4)	\$ 0.00
Line 8: Name of bank(s) used	Institution for Savings

**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:

Treasurer's signature (in ink)

Date

### FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

**Affidavit of Candidate: (check 1 box only)**

Candidate with Committee and no activity independent of the 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.

Candidate without Committee OR Candidate with independent activity filing separate report

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 committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:

Candidate signature (in ink)

Date

**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.

This page may be copied 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)
9/9	Joseph Sullivan 111 Homestead St., Haverhill	75 00	
9/28	Armand SanCarier State St., Newburyport	100 00	
9/28	Maurice Hardin 4 Congress St., Newburyport	75 00	
9/28	Charles + Marianne Ciommo 4 Lt. Leary Drive, Newburyport	100 00	
10/1	Michael Cronan 17 Shandel Drive, Newburyport	100 00	
10/6	Jack Bradshaw Newburyport	100 00	
10/25	Committee to Elect Frank Cousins 6 Orange St., Newburyport	100 00	
10/6	William Hery 28 Merrill St., Newburyport	150 00	
9/28	Richard O'Brien 41 Olive St., Newburyport	200 00	Compliance Officer Fidelity Investments
8/24	Laurine Sullivan 10 Congress St., Newburyport	330 00	Retired
8/24	Richard E. Sullivan, Sr. 10 Congress St., Newburyport	330 00	Real Estate Broker Sullivan Agency Realtors
9/28	James MacDonald 330 Mast Rd., Dover NH	500 00	Firefighter City of Newburyport
10/25	Gary Sullivan 6 Boston Rd., Chelmsford	500 00	President Choice Benefits of America
Line 9: Total receipts in excess of \$50 (or listed above)		3785 00	
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		3785 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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	0 -
			Line 16: In-kind \$50 and under	0 -
			Line 17: Total In-kind	0 -

\* 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
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	0 -