

Form CPF M 102: Campaign Finance Report Office of Campaign and Political Finance

or Massachusetts Office of Campaig	gn and Political Finance	
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File with:	20 q	179/2014
City or Town Clerk or Election Commission	J	
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		EC
Reporting Period: Beginning: 10/29/2013 Ending:	. 12/21/2012	ELECTION
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Type of Report: Year-end	4=	0
	ω	111
Wayne Lozzi	Wayne Lozzi	
Full Name of Candidate	Committee Name	
Ward One	Debra Lozzi	
Office Sought/ District	Name of Committee Treasurer	
335 Den Quarry Road	335 Den Quarry Road	
Lynn, MA 01904	Lynn, MA 01904	
Residential Address	Committee Address	
GIRGIA DIV. DA	LANGE THEODYAMION	
SUMMARY BA	LANCE INFORMATION	
Ending balance from previous report:	\$6,008.99	
	\$375.00	
Total receipts this period:	3. * * * * * * * * * * * * * * * * * * *	
Subtotal:	\$6,383.99	
Total expenditures this period:	\$1,419.79	
Ending Balance:	\$4,964.20	
Total inkind contributions this period:	\$0.00	
Total outstanding liabilities:	\$0.00	
Name of Bank Used:	Eastern Bank	
Affidavit of Committee Treasurer:		
I certify that I have examined this report, including attack	hed schedules and it is, to the best of my knowledge and	
belief, a true and complete statement of all campaign finance		
	lities 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:		
Dut of logs.	1-9-13	
Treasurer's signature (in ink)	Date	
Traduct 5 bigineers (in inity)		
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, and attached so		
	y, of all persons acting under the authority or on behalf of	
this committee in accordance with the requirements of M.G.L		
any liabilities nor made any expenditures on my behalf duri	ng this reporting period.	

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.

Date	Name and Residential Address	Amount Occupation and Employe	r
10/30/2013	Bridge & Structual Iron Workers 195 Old Colony Ave South Boston, MA 02127 Union Local 7	\$250.00	
	Total Itemized Receipts:	\$250.00	
	Total Unitemized Receipts:	\$125.00	
	Total Receipts:	\$375.00	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
10/31/2013	Postmaster Maple St Lynn, MA 01904	\$402.00	Stamps For Fundraising Mailing
10/31/2013	Thriftco 26 Howley St Peabody, MA 01960	\$314.29	Dear Friend Cards
12/1/2013	Verizon Wireless	\$189.80	Cell Phone (Nov -Dec. 2013)
	Total Itemized Expenditures:	\$906.09	
	Total Unitemized Expenditures:	\$513.70	
	Total Expenditures:	\$1,419.79	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date Name and Residential Address	Value Description Occupation/Employer
Total Itemized Inkind Contributions	\$0.00
Total Unitemized Inkind Contributions	\$0.00
Total Inkind Contributions	\$0.00

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 the liabilities incurred during this reporting period.

Date To Whom Due

Amount Purpose

Total Outstanding Liabilities

\$0.00

Schedule S: Savings

Bank Name Amount

Total Savings Account Balances:

\$0.00