



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
BELMONT, MA.

JAN 10 8 45 AM '11

File with:
City or Town Clerk or Election Commission

1/10/2011

Reporting Period - Beginning: 7/15/2010 Ending: 12/31/2010

Type of report: Year-end

One Belmont

Committee Name

Ulrich Klingbeil

Name of Committee Treasurer

32 Hammond Rd

Be, mont, MA 02478

Committee Address

SUMMARY BALANCE INFORMATION

| | |
|---|-----------------------------|
| Ending Balance from previous report: | \$1,437.41 |
| Total receipts this period: | \$300.00 |
| Subtotal: | \$1,737.41 |
| Total expenditures this period: | \$26.40 |
| Ending Balance: | \$1,711.01 |
| Total inkind contributions this period: | \$0.00 |
| Total outstanding liabilities: | \$0.00 |
| Name of bank(s) used: | East Cambridge Savings 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, inkind 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

1/10/11

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 Employer |
|---------------------------|---|----------|--------------------------|
| 7/15/2010 | Regier, John 89 Farnham St Belmont, MA 02478 | \$100.00 | |
| 7/15/2010 | Ulrich, Klingbeil 32 Hammond Rd Belmont, MA 02478 | \$200.00 | Physicist Metasystems |
| Total Itemized Receipts | | \$300.00 | |
| Total Unitemized Receipts | | \$0.00 | |
| Total Receipts | | \$300.00 | |

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 |
|------|-------------------------------|---------|---------|
| | Total Itemized Expenditures | \$0.00 | |
| | Total Unitemized Expenditures | \$26.40 | |
| | Total Expenditures | \$26.40 | |

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 R: Reimbursements

| Date | Reimbursee | Amount |
|------------|------------------|---------|
| 12/30/2010 | Ulrich Klingbeil | \$26.40 |



Commonwealth
of Massachusetts

**Form CPF R1: Itemization of Reimbursements
Municipal Form**

Office of Campaign and Political Finance

File with:
City or Town Clerk or Election Commission

1/10/2011

Ulrich Klingbeil

Individual Being Reimbursed

One Belmont

Committee Name

\$26.40

Amount of Reimbursement

12/30/2010

Date of Reimbursement

Signed under the penalties of perjury:

Candidate's/Treasurer's signature (in ink)

Date

| Date | Vendor Name and Address | Amount | Purpose |
|------|-------------------------|--------|---------|
|------|-------------------------|--------|---------|