

AFFIDAVIT OF MARGARET HEGARTY

I, the undersigned Margaret Hegarty, do state as follows:

1. On my May, 2010 Form CPF 102 ND Campaign Finance Report, there is a typographical error.
2. On Page 1, Line 5, (attached hereto as Exhibit A), which requires the total of Line 3 minus Line 4, I omitted the first two digits of that total, indicating "\$6.30" where "\$166.30" should have been written.
3. In error, I then indicated the correct total of \$166.30 in the wrong line, noting it at Line 7 as a liability - a clear error since, according to Page 4 of the same report, the campaign had no liabilities.
4. Attached hereto as Exhibit B is a corrected version of that filing, by way of clarifying the starting point of my current, 2010 year-end filing.

So stated, this 25th day of January, 2011,


Margaret A. Hegarty

RECEIVED
TOWN CLERK
BELMONT, MA.
JAN 25 2 57 PM '11

EXHIBIT A

RECEIVED
TOWN CLERK
BELMONT, MA.
Jan 25 2 57 PM '11



Commonwealth of Massachusetts

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

RECEIVED
TOWN CLERK
BELMONT, MA.

JUN 7 2 12 PM '10

File with: Director
Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

CPF ID# _____

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month 5 Date 27 Year 2010 Ending Month 5 Date 5 Year 2010

Type of report: (Check one)
 8th day preceding primary 8th day preceding election year-end report dissolution 30 days after special election

Margaret Heavony
Full Name of Candidate
Belmont Town Clerk
Office Sought/District
207 Waverley St Belmont
Residential Address
617 484 2442
Tel. No. (optional)

Comm to elect Margaret Heavony
Committee Name
Eve Morris
Name of Committee Treasurer
35 Richards Rd Belmont
Committee Mailing Address
617 484 6523
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>1882.49</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1175.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>3057.49</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>2891.19</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>6.50</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>166.30</u>
Line 8: Name of bank(s) used	<u>Belmont Savings</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:

Suzanne King
Treasurer's signature (in ink)

5/25/10
Date

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 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, and 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:

[Signature]
Candidate's signature (in ink)

5.5.10
Date

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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name, CPF ID# and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
4/15/10	James Conroy /	63 Plymouth St	Postcard	2891	19
	Printing Unlimited	Holliston MA	printing and mailing		
Line 12: Expenditures over \$50				2891	19
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES				2891	19

Enter on page 1, line 4

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

added together, from the committee's records, and included in line 10.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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: OUTSTANDING LIABILITIES (ALL)	

Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.

EXHIBIT B

RECEIVED
TOWN CLERK
BELMONT, MA.
JAN 25 2 58 PM '11



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

Commonwealth
of Massachusetts

File with: Director

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

CPF ID# _____

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	3	27	2010		5	5	2010

Type of report: (Check one)

8th day preceding primary 8th day preceding election year-end report dissolution 30 days after special election

MARGARET A HEGARLY
Full Name of Candidate

TOWN CLERK BELMONT
Office Sought/District

201 WAVERLEY ST BELMONT MA
Residential Address

617 484 2142
Tel. No. (optional)

COMMITTEE TO ELECT MARGARET HEGARLY
Committee Name

SUE MORRIS
Name of Committee Treasurer

35 RICHARDSON RD BELMONT MA
Committee Mailing Address

617 481 6523
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>1882.49</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1175.00</u>
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Line 5: Ending balance (line 3 minus line 4)	\$ <u>166.30</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>—</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>—</u>
Line 8: Name of bank(s) used	<u>BELMONT SAVINGS 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:

Sue Morris
Treasurer's signature (in ink)

1.25.2011 | corrected from 5/25/10
Date

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 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, and 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:

[Signature]
Candidate's signature (in ink)

1.25.11 corrected, for 5.5.10
Date

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	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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)	

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.