



Commonwealth of Massachusetts

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

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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 3 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 Hegarty
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 Hegarty
Committee Name
Eve Morris
Name of Committee Treasurer
35 Richardson 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 -</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>6.30</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>—</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

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

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.