

Matthew Sullivan



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	Date	Year	Ending	Month	Date	Year
	3	25	2011		12	20	2011

Type of report: (Check one)

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

Matthew J. Sullivan
Full Name of Candidate

Library Trustee, Belmont MA
Office Sought/District ⁰²⁴⁷⁸

121 Hammond Rd. Belmont
Residential Address

617 484-6390
Tel No (optional)

Sullivan Committee
Committee Name

Jeremiah J. Sullivan Jr.
Name of Committee Treasurer ⁰²⁴⁷⁸

121 Hammond Rd Belmont
Committee Mailing Address

617 484-6390
Tel No (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 1,506.25
Line 2: Total receipts this period (page 2, line 11)	\$ 200.00
Line 3: Subtotal (line 1 plus line 2)	\$ 1,706.25
Line 4: Total expenditures this period (page 3, line 14)	\$ 305.00
Line 5: Ending balance (line 3 minus line 4)	\$ 1,401.25
Line 6: Total in-kind contributions this period (page 4)	\$ -0-
Line 7: Total (all) outstanding liabilities (page 4)	\$ -0-
Line 8: Name of bank(s) used	Belmont 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, 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:

Jeremiah J. Sullivan Jr.
Treasurer's signature (in ink)

12/20/2011
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:

Matthew J. Sullivan
Candidate's signature (in ink)

12/20/11
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, CPF ID# 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)
4-2-11	Robert G. & Suzanne M. Croq 95 Stults Rd. Belmont, MA 02478	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		100	00	
Line 10: Total receipts \$50 and under* (not listed above)		100	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		200	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	
			Line 16: In-kind \$50 and under	
			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 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)	- 0 -

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.