



# 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:	Month	Date	Year	Month	Date	Year
Reporting Period Beginning	3	27	2010	Ending	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 HEGARTY  
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 HEGARTY  
Committee Name

SUE MORRIS  
Name of Committee Treasurer

35 RICHARDSON RD BELMONT MA  
Committee Mailing Address

617 484 6523  
Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 1882.49

Line 2: Total receipts this period (page 2, line 11) \$ 1175.00

Line 3: Subtotal (line 1 plus line 2) \$ 3057.49

Line 4: Total expenditures this period (page 3, line 14) \$ 2891.19

Line 5: Ending balance (line 3 minus line 4) \$ 166.30

Line 6: Total in-kind contributions this period (page 4) \$ —

Line 7: Total (all) outstanding liabilities (page 4) \$ —

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:

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:

Margaret Hegarty  
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			<b>Line 15: In-kind over \$50</b>	
			<b>Line 16: In-kind \$50 and under</b>	
			<b>Line 17: Total In-kind</b>	

\* 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			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	

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.