



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK  
BELMONT, MA

2021 MAY -5 PM 1:58

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/30/21 Ending Date: 5/4/21

## Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Candidate Full Name (if applicable)	No Override Now
Office Sought and District	Committee Name
Residential Address	Michael Palomo
E-mail:	Name of Committee Treasurer
Phone # (optional):	113 Sycamore St
	Committee Mailing Address
	E-mail: fastmonkey2000@gmail.com
	Phone # (optional): 646-204-3400

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	6243.17
Line 2: Total receipts this period (page 3, line 11)	6431.18
Line 3: Subtotal (line 1 plus line 2)	12674.35
Line 4: Total expenditures this period (page 5, line 14)	12644.93
Line 5: Ending Balance (line 3 minus line 4)	29.42
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	5.00
Line 8: Name of bank(s) used:	Peoples United

### 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: \_\_\_\_\_ (Treasurer's signature)

Date: 5/4/21

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with Committee

☐ 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, 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 that are not otherwise disclosed in this report.

#### Candidate without Committee

☐ 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 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature)

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.*

**(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name 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)
	See attached Schedule A detail		
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← 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.

**No Override Now committee --- Schedule A: Receipts page 1 of 1**

Date	Last Name	First Name	Street Address	Town, State	Occupation & Employer (over \$200)	Amount
7-Apr	Allison	Elisabeth	69 Pinehurst Rd. #209	Belmont, MA	retired	\$ 1,500.00
2-Apr	Anderson	William	76 Stony Brook Rd.	Belmont, MA	Finance Exec., Cambridge Housing	\$ 180.00
28-Mar	Carew	Michael P	11 Jeanette Ave	Belmont, MA		\$ 75.00
28-Mar-21	Chesson	Michael	21 Whitcomb St	Belmont, MA	Professor of History, retired	\$ 100.00
12-Apr-21	Chesson	Michael	21 Whitcomb St	Belmont, MA	Professor of History, retired	\$ 100.00
5-Apr	DeBurlo	C Russell	857 Concord Ave	Belmont, MA	retired	\$ 1,000.00
29-Mar-21	Dorian	Janice	45 Longmeadow Rd.	Belmont, MA	Owner, Mansfield Beauty School	\$ 193.90
15-Apr-21	Gore	Nelson	55 Juniper Rd	Belmont, MA		\$ 100.00
28-Mar	Kelleher	Anne	58 Becket Rd	Belmont, MA	independent Education Professional	\$ 100.00
30-Mar	Mackerron	Dawn	70 Becket Rd	Belmont, MA	Sales Engineer, AMS	\$ 2,300.00
28-Mar	Oberhauser	MaryEllen	2 Sargent Rd.	Belmont, MA	retired	\$ 200.00
12-Apr	Umima	John	14 Benjamin Rd	Belmont, MA		\$ 100.00

\$ 5,948.90

2 cash donations not in excess of \$50 \$ 95.00

9 donations not in excess of \$50 via check or credit/debit card \$ 387.28

\$ 6,431.18

**Form M102**

Line 1	\$6,243.17		
Line 2	\$6,431.18	Receipts	Sched A.
Line 3	\$12,674.35	Sub-Total	
Line 4	(\$12,644.93)	Expenditures	Sched. B
Line 5	\$29.42	Ending Balance	
	(\$5.00)	Peoples United analysis fee 5/12/21	
	\$24.42		

## 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.*

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Report all expenditures. Please include your committee name and a page number in the top right corner.				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	See attached Schedule B detail			
			Line 12: Total Expenditures over \$50 (or listed above)	
			Line 13: Total Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	

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

*No Override Now committee --- Page 1 of 1 --- Schedule B: Expenditures*

Date Paid	To Whom Paid	Address	Purpose of Expense	Amount
15-Mar	Fasticchi	598 Mt. Auburn St. Watertown, MA 02472	Thank you gift from campaign	\$ 33.99
30-Mar	Connolly Printing	17B Gill St Woburn, MA 01801	Campaign town-wide mailer	\$ 6,586.96
5-Apr	JHM Consulting	1 Walnut St. Boston, MA 02108	Campaign consulting	\$ 1,500.00
10-Apr	Dawn MacKerron	70 Beckett Rd. Belmont, MA 02478	Electronic messaging/Nexus reimbursement	\$ 2,000.00
12-Apr	Peoples United Bank	2 Leonard St Belmont, MA 02478	Account fee	\$ 5.00
27-Apr	JHM Consulting	1 Walnut St. Boston, MA 02108	Campaign consulting	\$ 1,000.00
2-May	Judith Sarno	30 Waverly Terrace Belmont, MA 02478	Texting reimbursemet	\$ 612.30
2-May	Sage Consulting	137 Lewis Wharf, Boston, MA 02110	Text sorting and filtering	\$ 250.00
2-May	PayPal	2211 North First St. San Jose, CA 95131	Donation collection fee	\$ 156.68
2-May	Michael Palomo (website designer)	113 Sycamore St Belmont, MA 02478	website design, implementation & management	\$ 500.00
<b>TOTAL</b>				<b>\$ 12,644.93</b>

## 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	See attached Schedule C detail			
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
Enter on page 1, line 6 →		Line 17: TOTAL IN-KIND CONTRIBUTIONS		

\* 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 contribution is \$200 or more, you must also report the contributor's occupation and employer.

**No Override Now committee --- page 1 of 1 --- Schedule C: "In-Kind"-Donations**

Date	For whom received	From Whom	Address	Description	Value	Occupation
20-Apr-21	Judith A. Sarno	2Cents Autocalls	30 Waverly Terrace Belmont MA 02478	Robo-call messaging	\$ 340.96	Retired

<b>TOTAL</b>	<b>\$ 340.96</b>
--------------	------------------

## 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
	See attached schedule D detail			
Enter on page 1, line 7 →		<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>		



No Override Now committee --- page 1 of 1 --- Schedule D: Liabilities

Date	To Whom	Address	Purpose	Amount
12-May-21	Peoples United Bank	2 Leonard Street Belmont, MA 02478	Bank analysis fee	\$ 5.00
Total liabilities				\$ 5.00



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

RECEIVED  
TOWN CLERK  
BELLMONT, MA  
2021 MAY -5 PM 3:07

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 04/10/2021

Name of Individual Being Reimbursed: Dawn MacKerron

Committee Name: No Override Now

CPF ID Number (if applicable):

Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/19/21	Nexus Group c/o JHM Consulting	1 Walnut Street Boston, MA 02108	Electroic internet banner ads	\$2000.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

\$2000.00

Line 2: Expenditures \$50 or under (not itemized):

\$0

Line 3: TOTAL AMOUNT REIMBURSED:

\$2000.00

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 05/04/2021

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

## Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 05/02/2021

Name of Individual Being Reimbursed: Judith A. Sarno

Committee Name: No Override Now

CPF ID Number (if applicable):

Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
05/02/2021	Envoi LLC	PO Box 234183 Encinitas, CA 92023	Texting robo-calls	\$612.30

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

\$612.30

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

\$612.30

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 05/04/2021

Please prepare a separate report for each reimbursement check issued by the committee.