



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning Month MAY Date 16 Year 2009 Month Ending APRIL Date 28

**Type of report: (Check one)**

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

RECEIVED  
 TOMA CLERK  
 HANSON  
 10 MAY PM 10:10  
 9:30  
 dissolution

MATTHEW PALERMO  
 Full Name of Candidate (if applicable)  
Highway Surveyor  
 Office Sought and District  
247 COUNTY ROAD  
 Residential Address  
HANSON MA 02341  
 Tel. No. (optional)

\_\_\_\_\_  
 Committee Name  
 \_\_\_\_\_  
 Name of Committee Treasurer  
 \_\_\_\_\_  
 Committee Mailing Address  
 \_\_\_\_\_  
 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report \$ 0

Line 2: Total receipts this period (page 2, line 11) \$ 1,000

Line 3: Subtotal (line 1 plus line 2) \$ 1,000

Line 4: Total expenditures this period (page 3, line 14) \$ 1,000

Line 5: Ending balance (line 3 minus line 4) \$ 0

---

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 \_\_\_\_\_

**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 (in ink) \_\_\_\_\_ Date \_\_\_\_\_

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**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 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.

Candidate without Committee OR Candidate with independent activity filing separate report  
 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 committee in accordance with the requirements of M.G.L. c. 55.  
 Signed under the penalties of perjury:

[Signature] 5-13-10  
 Candidate signature (in ink) \_\_\_\_\_ 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 contribution is \$200 or more, 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)	



**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 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)
4-22-10	MATTHEW RALEMO	1,000	00	Landscaper
Line 9: Total receipts in excess of \$50 (or listed above)				
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,000	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.