



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ELECTION DEPT.  
SOMERVILLE, MA

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2011 ~~Jan~~ P 3: 50  
Feb 1

**Fill in dates:**

Reporting Period Beginning Jan 01 2010 Ending Dec 31 2010

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

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

Bruce M. Desmond

Full Name of Candidate (if applicable)

Alderman at Large

Office Sought and District

220A Summer St

Residential Address

Somerville, Ma 02143

617 666-1757 Tel. No. (optional)

CTE Bruce Desmond

Committee Name

Barbara Desmond

Name of Committee Treasurer

220A Summer St.

Committee Mailing Address

Somerville, MA 02143

(617) 666-1757 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>909.<sup>10</sup></u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>500.<sup>00</sup></u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>1,409.<sup>10</sup></u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1,280.<sup>00</sup></u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>129.<sup>10</sup></u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>23,491.<sup>69</sup></u>
Line 8: Name of bank(s) used	<u>East Cambridge Savings Bank</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:

Barbara A. Desmond  
Treasurer's signature (in ink)

2-1-2011  
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:

Bruce Desmond  
Candidate signature (in ink)

2/1/2011  
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 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)
9-21-10	Bruce Desmond 220A Summer St Somerville, MA 02143	500	-	EOHHS - COMM. of Mass 100 Hancock St. Quincy, MA
Line 9: Total receipts in excess of \$50 (or listed above)		500	-	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)		-	-	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		500	-	

\* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.





*Bruce Desmond*

**Schedule D: Liabilities**

#	Date Incurred	To Whom Due	Address	Purpose	Amount
1	10/16/1997	Anthony's Function Hall	156 Highland Avenue Somerville, MA	Hall Rental	\$410.00
2	9/1/1999	Bruce & Barbara Desmond	220A Summer Street Somerville, MA	Loan	<del>\$14,500.00</del> <i>\$13,958.72</i>
3	7/21/2006	Bruce & Barbara Desmond	220A Summer Street Somerville, MA	Loan	\$4,000.00
4	7/28/2006	Bruce & Barbara Desmond	220A Summer Street Somerville, MA	Loan	\$2,750.00
5	12/1/2005	NSTAR	P.O. Box 4508 Woburn, MA	Utilities	\$372.97
6	12/1/1999	Sullivan & McDermott	1990 Centre Steet West Roxbury, MA	Legal Services	\$1,500.00
7.	9/21/2010	<i>Bruce &amp; Barbara Desmond</i>	<i>220 A Summer St Somerville MA</i>	<i>loan</i>	<i>\$ 500.00</i>

Line 18: ~~\$23,491.69~~ Total Liabilities

*Bruce Desmond*  
*9-1-2011*