



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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Commonwealth
of MassachusettsFile with:
City or Town Clerk or Election Commission

Reporting Period Beginning 3/22/2003 Ending: 4/30/2003

Type of report: 30 day after election

Sallye Bleiberg <i>Full Name of Candidate</i>	Committee to elect Sallye Bleiberg <i>Committee Name</i>
Belmont Housing Authority <i>Office Sought/ District</i>	Walter Guertin <i>Name of Committee Treasurer</i>
14 Harris Street, Belmont, MA 02478-3155 <i>Residential Address</i>	152 Cross Street, Belmont, MA 02478-3155 <i>Committee Mailing Address</i>

SUMMARY BALANCE INFORMATION

Line 1: Ending balance from previous report:	\$820.83
Line 2: Total receipts this period (Schedule A)	\$245.00
Line 3: Subtotal (line 1 plus line 2)	\$1,065.83
Line 4: Total expenditures this period (Schedule B)	\$1,053.83
Line 5: Ending balance (line 3 minus line 4)	\$12.00
Line 6: Total in-kind contributions this period (Schedule C)	\$137.00
Line 7: Total (all) outstanding liabilities (Schedule D)	\$0.00
Line 8: Name of bank(s) used	<u>Fleet 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 and 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:

5/5/03

Treasurer's signature (in ink)

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:

5/6/03

Candidate's signature (in ink)

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.

Date	Name and Residential Address	Amount	Occupation and Employer
		\$0.00	
Line 9: Total Receipts in excess of \$50 or listed above		\$0.00	
Line 10: Total Receipts \$50 and under		\$245.00	
Line 11: Total Receipts in the period		\$245.00	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Residential Address	Amount	Purpose
4/24/2003	Foundation For Belmont Education P.O. Box 518 Belmont, MA 02478	\$272.46	Contribution
4/24/2003	Friends of Belmont Council on Aging 23 Oakley Road Belmont, MA 02478	\$272.46	Contribution
4/9/2003	Sallye Bleiberg	\$496.91	Reimbursement (See R1)
Line 12: Expenditures over \$50		\$1,041.83	
Line 13: Expenditures \$50 and under		\$12.00	
Line 14: Total Expenditures in the period		\$1,053.83	

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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description/ Occupation and Employer
3/27/2003	Alcock, John&Suzanne 42 Madison Street Belmont, MA 02478	\$100.00	Bumper Stickers Graphics Oxford Graphics
Line 15: Total in-kind listed above		\$100.00	
Line 16: Total in-kind not listed above		\$37.00	
Line 17: Total in-kind in the period		\$137.00	

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 the liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Amount	Purpose
		\$0.00	
	Line 18: Outstanding liabilities (ALL)	<hr/> \$0.00	

Schedule R: Reimbursements

The following is a list of all reimbursements issued during the relevant reporting period. This schedule only contains summary information, please review the individual R-1 form to see the detail of the reimbursement.

Date	Reimbursee	Amount
4/9/2003	Bleiberg, Sallye	\$496.91
	Total Reimbursements	\$496.91



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

Commonwealth
of Massachusetts

File with: Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108

(617) 727-8352

Individual Being Reimbursed:

Sallye Bleiberg

CPF ID: _____

Committee Name:

Committee to elect Sallye Bleiberg

Amount Of Reimbursement:

\$496.91

Date Of Reimbursement:

4/9/2003

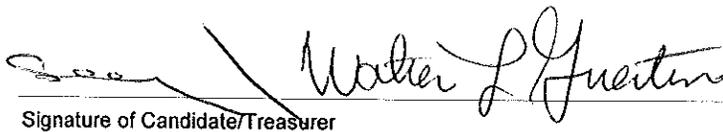
ITEMIZE EXPENDITURES OF \$50 OR MORE

Date Paid	Vendor Name And Address	Purpose Of Expenditure	Amount
4/3/2003	Mall Discount Liquors 202 Alewife Brook Parkway Cambridge MA 02138	Post election party	\$133.92
1/1/2003	Costco Wholesale Waltham MA	Post election party	\$29.76
4/4/2003	Whole Foods Market 200 Alewife Parkway Cambridge MA 02138	Post election party	\$12.31
4/6/2003	Shaw's Supermarket Belmont MA 02478	Post election party	\$5.98
4/7/2003	Whole Foods Market 200 Alewife Parkway Cambridge MA 02138	Post election party	\$314.94

Please use a separate reimbursement form for each check issued.

Expenditures in excess of \$50 (listed above)	\$496.91
Expenditures of \$50 and under (not itemized)	\$0.00
TOTAL AMOUNT REIMBURSED	\$496.91

signed under the penalties of perjury:


Signature of Candidate/Treasurer

5/6/03
Date