



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

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File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

Type of Report: (Check one)
 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

<input type="text"/>	<input type="text" value="Walpole 2020"/>
Candidate Full Name (if applicable)	Committee Name
<input type="text"/>	<input type="text" value="C. Russell DeMartino"/>
Office Sought and District	Name of Committee Treasurer
<input type="text"/>	<input type="text" value="7 Stetson Circle, Walpole, MA 02081"/>
Residential Address	Committee Mailing Address
Telephone Number (optional): <input type="text"/>	Telephone Number (optional): <input type="text"/>

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="\$454.00"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="\$950.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="\$1,404.00"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="\$1,404.00"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="\$0.00"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="\$0.00"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="\$0.00"/>
Line 8: Name of bank(s) used:	<input type="text" value="TD BankNorth"/>

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: C. Russell DeMartino (Treasurer's signature) Date:

FOR CANDIDATE FILINGS ONLY: 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: _____ (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)
May 21, 2010	C. Russell DeMartino 7 Stetson Circle, Walpole, MA 02081	\$250.00	VP Vornado Realty Trust
May 21, 2010	Robert Fitzgerald 24 Robbins Road, Walpole, MA 02081	\$250.00	Attorney Goodwin Procter
May 28, 2010	Eric Michelson 36 Robbins Road, Walpole, MA 02081	\$100.00	
Jun 1, 2010	Roger Mann 54 Robbins Road, Walpole, MA 02081	\$250.00	Consultant Self
Jun 1, 2010	Lillian Gonyaw 57 Robbins Road, Walpole, MA 02081	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$950.00	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED 10 JUL - 6 AM 10:30 TOWN OF WALPOLE TOWN CLERK </div>
Line 10: Total Receipts \$50 and under* (not listed above)		\$0.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$950.00	

← 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.

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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
May 25, 2010	Walpole Times	7 West Street Walpole, MA 02081	Ad	\$86.00
May 27, 2010	Innovative Printing	104 South Street Plainville, MA 02762	lawn signs	\$318.75
Jun 8, 2010	Campaign Homebank, LLC	1 Walnut Street, Suite 4 Boston, MA 02108	phone calls	\$392.00
Jun 8, 2010	Angela DeMartino	7 Stetson Circle Walpole, MA 02081	reimbursement	\$287.98
Jun 8, 2010	Dominick Ianno	47 Robbins Road Walpole, MA 02081	reimbursement	\$170.63
Jun 30, 2010	Walpole Scholarship Foundation	3 West Street, Suite 9 Walpole, MA 02081	charitable contribution	\$148.64
Line 12: Total Expenditures over \$50 (or listed above)				\$1,404.00
Line 13: Total Expenditures \$50 and under* (not listed above)				\$0.00
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$1,404.00

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



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

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10 JUL -6 AM 10:30

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

TOWN OF WALPOLE
TOWN CLERK

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:		Jun 8, 2010	
Name of Individual Being Reimbursed:	Dominick Ianno		
Committee Name:	Walpole 2020		
CPF ID Number (if applicable):		Telephone Number (optional):	

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
May 28, 2010	Walpole Printworks	426 High Plain Street Walpole, MA 02081	palm cards	\$161.60
Jun 3, 2010	Home Depot	1415 Boston Providence Highway Norwood, MA 02062	lumber	\$9.03

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	170.63
Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	170.63

Signed under the penalties of perjury:

x C. Ianno
Signature of Candidate / Treasurer

Date: Jun 30, 2010

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

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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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Jun 1, 2010	Walpole Times	7 West Street Walpole, MA 02081	ads	\$258.00
Jun 3, 2010	CVS	929 Main Street Walpole, MA 02081	cell phone	\$29.98

(Include items listed on Page 2) →

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

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

Line 3: **TOTAL AMOUNT REIMBURSED:**

Signed under the penalties of perjury:

C. Russo
Signature of Candidate / Treasurer

Date:

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