



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

TOWN OF PLYMOUTH  
OFFICE OF CAMPAIGN AND POLITICAL FINANCE  
PLYMOUTH, MA

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures

2010 APR 28 PM 2:06

### Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	Jun	10	2010	April	25	2010	

### Type of report: (Check one)

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

Butch Machado

Full Name of Candidate (if applicable)

Selectman

Office Sought and District

120 Federal Furnace Rd Plymouth

Residential Address

508-726-6419 (cell)

Tel. No. (optional)

Committee to Elect Butch Machado

Committee Name

Rodney Finlay

Name of Committee Treasurer

65R Quail Run Ply MA 02360

Committee Mailing Address

508-284-7610

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$	6996.68
Line 2: Total receipts this period (page 2, line 11)	\$	3470.00
Line 3: Subtotal (line 1 plus line 2)	\$	10466.68
Line 4: Total expenditures this period (page 3, line 14)	\$	8192.44
Line 5: Ending balance (line 3 minus line 4)	\$	2274.24
Line 6: Total in-kind contributions this period (page 4)	\$	0
Line 7: Total (all) outstanding liabilities (page 4)	\$	0
Line 8: Name of bank(s) used		Citizens Bank

### 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)

Rodney Finlay

Date

4-25-10

### 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:

Candidate signature (in ink)

Butch Machado

Date

4/25/10

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)
3/18/10	Bletzer, Charles + Lisa 23 Carver Rd, Plymouth 02360	100	00	
2/12/10	Bridge Structural Iron Workers Local 7 195 Old Colony Ave S. Boston, MA 02127	200	00	Iron workers Union
3/18/10	Cordeiro, Peter 23 Burgess Rd Plymouth 02360	100	00	
4/15/10	Cushing, Lauriann 61 Council Dr. Plymouth 02360	200	00	trucking company
4/8/10	Demarzo, Robert + Susan PO Box 808 Pembroke 02369	150	00	
4/24/10	Finlay, Suzanne 65R Quail Run Plymouth 02360	100	00	
3/16/10	Flynn, Dana + Mary 8 Hilldale Rd Plymouth 02360	100	00	
3/18/10	Gallitano, Joseph 34 Main St. Ext. Plymouth 02360	100	00	
4/8/10	Greene, John + Grace 26 Anawan Rd. Plymouth 02360	100	00	
3/18/10	Hallisey Jr., William 3 Knights Point Rd Plymouth 02360	150	00	
4/24/10	Hanson, John 122 Federal Furnace Rd Ply 02360	100	00	
3/1/10	Hinderschid, Charles 22 Ply Rock Terrace, Plymouth 02360	100	00	
3/16/10	IBEW Local 223 CPF 80307 POB. 1238, 111 Rhode Island Rd Lakeville 02347	100	00	
3/18/10	Kerr, Stephen 233 Water St. Plymouth 02360	75	00	
4/24/10	Machado, Carol 120 Federal Furnace Rd Plymouth 02360	100	00	
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				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 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	Ø
			Line 16: In-kind \$50 and under	
			<b>Line 17: Total In-kind</b>	

\* 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			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	Ø