



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

TOWN CLERK'S OFFICE
PLYMOUTH, MA

2010 APR 29 PM 1:33

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	01	01	2010		04	20	2010

Type of report: (Check one)

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

Mathew Muratore

Full Name of Candidate (if applicable)

Selectman, Plymouth

Office Sought and District

15 Gabriel Ln.

Residential Address

Plymouth, MA 02360

Tel. No. (optional)

Muratore for Selectman

Committee Name

Debra B. Perry

Name of Committee Treasurer

15 Gabriel Ln.

Committee Mailing Address

Plymouth, MA 02360

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 2889.37
Line 2: Total receipts this period (page 2, line 11)	\$ 3169.99
Line 3: Subtotal (line 1 plus line 2)	\$ 6059.36
Line 4: Total expenditures this period (page 3, line 14)	\$ 4060.30
Line 5: Ending balance (line 3 minus line 4)	\$ 1999.06
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	Sovereign 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) Debra B. Perry

Date 4/26/10

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) Mathew Muratore

Date 4/27/10

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)
4/15/2010	Carter, Andrew 59 River St. Plymouth, ma 02360	100	00	
4/18/2010	Cushing, Bradford 61 Camelot Dr. Plymouth, ma 02360	200	00	owner Kingston Trucking
4/14/2010	Doherty, James 24 Latham Wood Plymouth, MA 02360	250	00	Financial Advisor, Amenrite Financial
3/31/2010	Durrell, Oliver P.O. Box 823 Sagamore Beach 02562	100	00	
1/29/2010	Elect Mathoney Committee 8 Whiting St. Plymouth, ma 02360	100	00	
1/13/2010	Estabrooks, Scott + Susan 46 Whispering Pine Dr. Middleboro, MA 02346	250	00	CPA - SHARKANSKY + COMPANY
3/30/2010	Hallisey, William 3 Knights Point Rd. Plymouth, MA 02360	200	00	owner, SHIRTOWN GLASS
3/31/2010	Hamm, Peter 42 Windchime Drive Mansfield, MA 02048	100	00	
1/14/2010	Johnson, George + Dianne PO Box 1573 Duxbury ma 02331	100	00	
4/12/2010	Lordan, Marie 14 South St. W. Bridgewater, MA 02379	100	00	
3/31/2010	Morgan, Lucia 15 Lake Shore Dr. E. Weymouth, MA 02189	500	00	owner, Crayon College
3/31/2010	Rosa, Manuel + Joan 17 Fuller Way Plymouth, MA 02360	100	00	President, Accord Vending
4/16/2010	Rosa, Manuel + Joan 17 Fuller Way Plymouth, MA 02360	100	00	President Accord Vending
1/11/2010	Saddler, Karlene 37 Deer Hill Ln. Carver, MA 02330	100	00	
3/31/2010	Sisserson, Kenneth + Elizabeth 33 Sweeney Ln, Plymouth MA 02360	75	00	
Line 9:	Total receipts in excess of \$50 (or listed above)	2375	00	
Line 10:	Total receipts \$50 and under* (not listed above)	794	99	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	3169	99	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	
			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)	