



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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JAN 29 2026
Town Clerk
Hingham MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2025 Ending Date: 12/31/2025

Type of Report: (Check one)

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

Michael J Puzo

Candidate Full Name (if applicable)

Moderator

Office Sought and District

83 Cross Street, Hingham

Residential Address

E-mail: mpuzo@hembar.com

Phone #: 617 557 9721

Committee to Elect Michael J. Puzo

Committee Name

Jospeh L. Bierwirth

Name of Committee Treasurer

36 Park View Drive, Hingham

Committee Mailing Address

E-mail: jbierwirth@hembar.com

Phone #: 617 557 9728

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$101.03

Line 2: Total receipts this period (page 3, line 12)

Line 3: Subtotal (line 1 plus line 2)

\$101.03

Line 4: Total expenditures this period (page 5, line 15)

Line 5: Ending Balance (line 3 minus line 4)

\$101.03

Line 6: Total in-kind contributions this period (page 6, line 18)

Line 7: Total (all) outstanding liabilities (page 7, line 19)

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

Line 9: Name of bank(s) used:

Hingham Institution for Savings

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:

[Signature] (Treasurer's signature)

Date: 1/29/2026

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature] (Candidate's signature)

Date: 1/29/2026

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	No Liabilities			
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
	None		
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		0	

← Enter on page 1, line 8