



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
BELMONT, MA

2024 MAY 20 AM 11:10

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/1/2024 Ending Date: 5/20/2024

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

Not Applicable
Candidate Full Name (if applicable)
Office Sought and District
Residential Address
E-mail:
Phone #:

Invest in Belmont
Committee Name
David Zipkin
Name of Committee Treasurer
137 Claflin St, Belmont, MA 02478
Committee Mailing Address
E-mail: david.zipkin@gmail.com
Phone #: (206) 930-8511

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$7,452.44
Line 2: Total receipts this period (page 3, line 12)	\$0.00
Line 3: Subtotal (line 1 plus line 2)	\$7,452.44
Line 4: Total expenditures this period (page 5, line 15)	\$7,452.44
Line 5: Ending Balance (line 3 minus line 4)	\$0.00
Line 6: Total in-kind contributions this period (page 6, line 18)	\$0.00
Line 7: Total (all) outstanding liabilities (page 7, line 19)	\$0.00
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	\$0.00
Line 9: Name of bank(s) used:	M&T 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: [Signature] (Treasurer's signature) Date: 5/20/24

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: _____ (Candidate's signature) Date: _____

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	None		
Line 10: Total Receipts over \$50 (or listed above)		\$0.00	<p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p>
Line 11: Total Receipts \$50 and under (not listed above)		\$0.00	
Line 12: TOTAL RECEIPTS IN THE PERIOD		\$0.00	

← Enter on page 1, line 2

Date Paid	To Whom Paid	Address		Purpose	Amount
5/16/2024	Belmont Food Pantry	455 Concord Ave	Belmont, MA 02478	Donation prior to dissolution	\$2,279.71
5/10/2024	Erin Rowland	178 Goden St	Belmont, MA 02478	Reimbursement	\$241.99
5/1/2024	Facebook	1 Hacker Way	Menlo Park, CA 94025	Advertising	\$39.67
5/16/2024	Foundation for Belmont Education	PO Box 518	Belmont, MA 02478	Donation prior to dissolution	\$2,279.70
5/16/2024	Friends of Council on Aging	266 Beech Street	Belmont, MA 02478	Donation prior to dissolution	\$2,279.71
5/1/2024	Google	1600 Amphitheatre Parkway	Mountain View, CA 94043	Advertising	\$0.72
5/10/2024	Mary Lewis	34 Randolph St	Belmont, MA 02478	Reimbursement	\$370.61
				Total	\$7,492.11



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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

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:	5/10/2024
Name of Individual Being Reimbursed:	Mary Lewis	
Committee Name:	Invest In Belmont	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/5/2024	Star Market	535 Trapelo St Belmont, MA 02478	Volunteer Recognition	\$370.61

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$370.61
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	\$370.61

Signed under the penalties of perjury:

 Signature of Candidate / Treasurer

Date: 5/10/24

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



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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

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:	5/10/2024
Name of Individual Being Reimbursed:	Erin Rowland	
Committee Name:	Invest In Belmont	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/5/24	Amazon, Inc	420 Terry Blvd Seattle, WA 98104	Volunteer Recognition	\$91.84
5/5/24	Whole Foods	200 Alewife Brook Pkwy, Cambridge, MA 02138	Volunteer Recognition	\$89.98
5/5/24	Whole Foods	200 Alewife Brook Pkwy, Cambridge, MA 02138	Volunteer Recognition	\$53.68
5/5/24	Whole Foods	200 Alewife Brook Pkwy, Cambridge, MA 02138	Volunteer Recognition	\$6.49
(Include items listed on Page 2) →			Line 1: Expenditures in excess of \$50 (itemized above):	\$241.99
			Line 2: Expenditures \$50 or under (not itemized):	
			Line 3: TOTAL AMOUNT REIMBURSED:	\$241.99

Signed under the penalties of perjury: <div style="text-align: center; margin-top: 20px;"> <hr style="width: 100%; border: 0.5px solid black;"/> Signature of Candidate / Treasurer </div>	Date: 5/20/24
--	---

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