



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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Commonwealth  
of Massachusetts

2021 JUL 21 PM 2:53

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/1/2021 Ending Date: 7/21/2021

Type of Report: (Check one)

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

NA Ballot Question

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

E-mail:

Phone # (optional):

Yes for 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 # (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$2,103.00
Line 2: Total receipts this period (page 3, line 11)	\$49.79
Line 3: Subtotal (line 1 plus line 2)	\$2,152.79
Line 4: Total expenditures this period (page 5, line 14)	\$2,152.79
Line 5: Ending Balance (line 3 minus line 4)	\$0.00
Line 6: Total in-kind contributions this period (page 6)	\$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00
Line 8: Name of bank(s) used:	<u>Peoples Bank</u>

**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: 7/21/21

**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: \_\_\_\_\_





Date Paid	To Whom Paid	Address	Address	Purpose	Amount
5/11/2021	GetThru	PO Box 2690	Alameda, CA 94501-0690	Voter Outreach	\$1,290.72
6/10/2021	Nicole Dorn	42 Madison St	Belmont, MA 02478	Advertising	\$850.00
6/20/2021	Paypal	2211 North First St	San Jose, CA 95131	Credit card processing	\$2.07
7/12/2021	People's Bank	2 Leonard St	Belmont, MA 02478	Bank Fee	\$10.00
Line 12: Expenditures over \$50 (or listed above)					\$2,152.79
Line 13: Expenditures \$50 and under (not listed above)					\$0.00
Line 14: Expenditures In The Period					\$2,152.79

## 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	None			
Line 15: In-Kind Contributions over \$50 (or listed above)				\$0.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<b>\$0.00</b>

Enter on page 1, line 6 →

\* 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
None				
Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				\$0.00



# 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: <input style="width: 90%;" type="text" value="6/11/2021"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Nicole Dorn"/>
Committee Name:	<input style="width: 95%;" type="text" value="Yes for Belmont"/>
CPF ID Number (if applicable):	<input style="width: 200px;" type="text"/> Telephone Number (optional): <input style="width: 200px;" type="text"/>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
6/11/2021	Gatehouse Media New England	175 Sullys Trail Suite Three Pittsford, NY 14534	Advertising	\$850.00

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	\$850.00
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 100%;" type="text"/>
	<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b>\$850.00</b>

Signed under the penalties of perjury:  <div style="text-align: center;">   <hr style="width: 100%;"/>         Signature of Candidate / Treasurer       </div>	Date: <input style="width: 100%;" type="text" value="7/21/21"/>
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Please prepare a separate report for each reimbursement check issued by the committee.