



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
BELMONT, MA

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

2021 MAY - 6 AM 7:56

Fill in Reporting Period dates: Beginning Date: 3/20/2021 Ending Date: 5/1/2021

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	\$11,558.82
Line 2: Total receipts this period (page 3, line 11)	\$1,860.00
Line 3: Subtotal (line 1 plus line 2)	\$13,418.82
Line 4: Total expenditures this period (page 5, line 14)	\$11,315.82
Line 5: Ending Balance (line 3 minus line 4)	\$2,103.00
Line 6: Total in-kind contributions this period (page 6)	\$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$2,100.00
Line 8: Name of bank(s) used:	Peoples 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: 5/4/21

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: _____

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
4/10/2021	Gatehouse Media	15 Pacella Park Dr Randolph, MA 02368	Advertising	\$800.00
4/10/2021	GetThru	PO Box 2690 Alameda, CA 94501	Outreach	\$1,300.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$2,100.00

Date Received	Name	Address	Address	Amount	Occupation	Employer
3/21/2021	Nicole Dorn	42 Madison St	Belmont, MA 02478	\$150.00		
3/22/2021	Benjamin Lubetsky	21 Cedar Rd	Belmont, MA 02478	\$50.00		
3/22/2021	Holly Chen	154 Payson Rd	Belmont, MA 02478	\$50.00		
3/22/2021	David Warner	18 Kilburn Rd	Belmont, MA 02478	\$10.00		
3/22/2021	Anne Donatelle	417 Belmont St	Belmont, MA 02478	\$200.00	Co-owner and President	Stone Hearth Pizza
3/22/2021	Joanna Bakule	4 Edward St	Belmont, MA 02478	\$25.00		
3/23/2021	Rogelio Fussa	153 Channing Rd	Belmont, MA 02478	\$100.00		
3/23/2021	Gail Gorman	117 School St	Belmont, MA 02478	\$100.00		
3/23/2021	Daniel Halston	10 Myrtle St	Belmont, MA 02478	\$100.00		
3/23/2021	Melissa Davis	20 Cushing Ave	Belmont, MA 02478	\$100.00		
3/23/2021	Sara Begg	47 Clark St	Belmont, MA 02478	\$225.00	Not employed	Not employed
3/23/2021	Mariana Nacht	30 Leicester Rd	Belmont, MA 02478	\$75.00		
3/24/2021	Mary Lewis	34 Randolph St	Belmont, MA 02478	\$150.00		
3/24/2021	Anne Lougee	34 Warwick Rd	Belmont, MA 02478	\$100.00		
3/25/2021	Robert Singler	53 Selwyn Rd	Belmont, MA 02478	\$75.00		
3/25/2021	Sarah Caputo	63 Richmond Rd	Belmont, MA 02478	\$100.00		
3/25/2021	Laura Wenzel	11 Glenn Rd	Belmont, MA 02478	\$150.00		
3/31/2021	Christine Kochem	21 Jason Rd	Belmont, MA 02478	\$100.00		
Line 9: Total Receipts over \$50 (or listed above)				\$1,860.00		
Line 10: Total Receipts \$50 and under* (not listed above)				\$0.00		
Line 11: Total Receipts In The Period				\$1,860.00		



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:	3/28/2021
Name of Individual Being Reimbursed:	Phil Thayer	
Committee Name:	Yes for 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
3/28/2021	Belmont Printing	46 Brighton St Belmont, MA 02478	Printing	\$1,148.26
3/28/2021	Hillside Gardens Hardware	280 Blanchard Rd, Belmont, MA 02478	Sign supplies	\$26.09
(Include items listed on Page 2) →			Line 1: Expenditures in excess of \$50 (itemized above):	\$1,174.35
			Line 2: Expenditures \$50 or under (not itemized):	
			Line 3: TOTAL AMOUNT REIMBURSED:	\$1,174.35

<p>Signed under the penalties of perjury:</p> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 100%;"/> Signature of Candidate / Treasurer </div>	Date: 05/4/21
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Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

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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="4/10/2021"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="David Zipkin"/>
Committee Name:	<input style="width: 95%;" type="text" value="Yes for Belmont"/>
CPF ID Number (if applicable):	<input style="width: 20%;" type="text"/> Telephone Number (optional): <input style="width: 20%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/10/2021	Facebook	1 Hacker Way Menlo Park, CA 94025	Advertising	\$472.59

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	\$472.59
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	\$472.59

Signed under the penalties of perjury:	
<hr style="width: 80%; margin: 0 auto;"/> Signature of Candidate / Treasurer	Date: <input style="width: 80%;" type="text" value="5/4/21"/>

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