



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/25 Ending Date: 03/24/25

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

PAUL JOY
 Candidate Full Name (if applicable)
SELECT BOARD MEMBER
 Office Sought and District
8 HARVARD RD BELMONT MA 02478
 Residential Address
 E-mail: **PAUL.JOY1@GMAIL.COM**
 Phone #: **6175842960**

COMMITTEE TO ELECT PAUL JOY
 Committee Name
JACK SY
 Name of Committee Treasurer
8 HARVARD RD BELMONT MA 02478
 Committee Mailing Address
 E-mail: **JOYFORBELMONT@GMAIL.COM**
 Phone #: **6175842960**

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>50.00</u>
Line 2: Total receipts this period (page 3, line 12)	<u>6992.68</u>
Line 3: Subtotal (line 1 plus line 2)	<u>7042.68</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>2,834.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>4,208.68</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0</u>
Line 9: Name of bank(s) used:	<u>CITIZENS BANK</u>

RECEIVED
TOWN CLERK
BELMONT, MA

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: 3/23/25

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: 3/24/25

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/16/25	CHARLES LAVERTY III 75 CAMBRIDGE ARKWAY CAMBRIDGE MA	500.00	ATTORNEY
2/16/25	STEPHANIE LIU	200.00	RETIRED
2/21/25	RICHARD MADDEN 707 PLEASANT ST BELMONT MA 02478	100.00	
3/12/25	C MUCKJIAN 108 VILLAGE HILL RD BELMONT MA 02478	50.00	
3/16/25	LINDA OATES 67 OAK AVE BELMONT MA 02478	150.00	
3/5/25	MARY-ELLEN OBERHAUSER 2 SARGENT RD BELMONT MA 02478	100.00	
3/8/25	LISA ARGOLI 223B WHITE ST BELMONT MA 02478	70.00	
3/10/25	JUDITH SARNO 30 WAVERLEY TERR BELMONT MA 02478	100.00	
3/10/25	ROBERT SARNO 30 WAVERLEY TERR BELMONT MA 02478	250.00	RETIRED
3/8/25	JANE SHAPRIRO PO BOX 121 BELMONT MA 02478	500.00	RETIRED
3/5/25	CYNTHIA TAYLOR 35 CHANNING RD BELMONT MA 02478	100.00	
1/24/25 3/18/25	MARLA ABODEELY 65 HAMMOND RD BELMONT MA 02478	100.00	
1/7/25	MIKE ATLAS 49 NEWTON ST BE	156.48	

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/19/25	LINDA NICKENS 600 PLEASANT ST BELMONT MA 02478	104.42	
2/25/25	CHRIS RIPMAN 711 PLEASANT ST BELMONT MA 02478	50.00	
1/25/25	JACK SY 28 FRANCIS ST BELMONT MA 02478	208.54	SELF EMPLOYED/ NUMBER 1 TASTE
1/16/25	TODOR TOTEV 52 BURNHAM ST #2 BELMONT MA 02478	100.00	
2/12/25	SCHUYLER WIGGIN 93 Country Club Lane BELMONT MA 02478	500.00	SELF EMPLOYED/QUEBRADA
3/21/25	TOMMASINA OLSON 10 BAY STATE RD BELMONT MA 02478	150.00	
3/22/25	JOHN OLSON 10 BAY STATE RD BELMONT MA 02478	50.00	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/18/25	SUE BASS	500.00	UNEMPLOYED
3/4/25	AIDAN BYRNE 14 BRIDLE PATH CIRCLE FRAMINGHAM 01701	104.42	
2/25/25	SANDERJIN CELS 41 TOWNSEND RD BELMONT MA 02478	52.37	
2/17/25	JOAN DREVINS 61 BETTS RD BELMONT MA 02478	100.00	
1/11/25	MICHEAL GAO 9 PLYMOUTH AVE BELMONT MA 02478	104.42	
3/11/25	ARMINE HUMPHREY	100.00	
2/17/25 3/12/25	PAUL JOY 8 HARVARD RD BELMONT MA 02478	1020.87	CANDIDATE/CONSULTANT/DUCKER CARLISLE
2/14/25	NUNE KHACHATRIAN 30 CHURCH ST #331 BELMONT MA 02478	520.87	TOWN ACCOUNTANT/PRINCIPAL
2/8/25	ROBERT KITTS 8 TAYLOR RD BELMONT MA 02478	104.42	
2/15/25	ALLISON LENK 145 SHERMAN ST BELMONT MA 02478	50.00	
2/13/25	DEREN MUCKJIAN 108 VILLAGE HILL RD BELMONT MA 02478	100.00	
1/27/25	PATRICK MURPHY 41 CEDAR RD BELMONT MA 02478	520.87	ATTORNEY/ HARRIS & MURPHY LLP
2/26/25	BRIAN MUSE 225 ORCHARD ST BELMONT MA 02478	100.00	
Line 10: Total Receipts over \$50 (or listed above)		6,917.68	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 11: Total Receipts \$50 and under (not listed above)		75.00	
Line 12: TOTAL RECEIPTS IN THE PERIOD		6992.68	

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. 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	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/3/25	MUNICIPALPAY		ONLINE FEE	18.29
2/3/25	TOWN OF BELMONT		BEECH ST CENTER RENTAL	665.00
2/14/25	BELMON PIZZA		KICK OFF	154.08
2/18/25	CONNOLLY		SIGNS	482.31
2/24/25	DUNKIN		COFFEE TALK	46.3
3/7/25	HANAMI		FUND RAISING RECEPTION	762.00
3/19/25	CONNOLLY		SIGNS	482.31

