



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: 3/25/25 Ending Date: 05/01/25

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>4,208.68</u>
Line 2: Total receipts this period (page 3, line 12)	<u>1,010.16</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5,218.84</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>4,366.17</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>852.67</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>529.38</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
2025 APR 31 PM 1:38

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: 5/1/25

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: 5/1/25

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)		676.45	<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>
Line 11: Total Receipts \$50 and under (not listed above)		333.71	
Line 12: TOTAL RECEIPTS IN THE PERIOD		1010.16	

← Enter on page 1, line 2

