



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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2017 MAY -4 AM 8:20

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/26/2017 Ending Date: 5/4/2017

Type of Report: (Check one)

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

Adam Stuart Dash

Candidate Full Name (if applicable)

Selectman

Office Sought and District

12 Goden Street, Belmont, MA 02478

Residential Address

E-mail:

Phone # (optional): (617) 932-1711

Elect Adam Dash

Committee Name

Gail Gorman

Name of Committee Treasurer

96 School Street, Belmont, MA 02478

Committee Mailing Address

E-mail:

Phone # (optional): (617) 859-6509

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	7,436.06
Line 2: Total receipts this period (page 3, line 11)	2,947.66
Line 3: Subtotal (line 1 plus line 2)	10,383.72
Line 4: Total expenditures this period (page 5, line 14)	7,379.29
Line 5: Ending Balance (line 3 minus line 4)	3,004.43
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Belmont Savings 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: 5/2/2017

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the 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.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature)

Date: 5/2/2017

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	See attached		
Line 9: Total Receipts over \$50 (or listed above)		2,947.66	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,947.66	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

Elect Adam Dash

3/26/17 - 5/4/17

Date Received	Name	Residential Address	City	State	Zip	Amount	Occupation	Employer
4/1/2017	Belmont Firefighters Local #1637	PO Box 79105	Belmont	MA	02479	250.00	Contribution to be refunded	
3/26/2017	Adeshina Baptista	44 White Street	Belmont	MA	02478	1,000.00	Manager	Amazon Web Services
3/31/2017	John Buckley	11 Leicester Rd	Belmont	MA	02478	100.00		
3/30/2017	Coralie DiTommaso	38 Jeanette Ave	Belmont	MA	02478	50.00		
4/4/2017	Arvydas Mackevicius	79 Chilton St	Belmont	MA	02478	75.00		
3/28/2017	Sarah Meade	64 Leicester Rd	Belmont	MA	02478	25.00		
3/29/2017	Jeffrey Moriarty	75 Kilburn Rd	Belmont	MA	02478	50.00		
3/27/2017	Dean Murphy	64 Prospect St	Belmont	MA	02478	50.00		
3/30/2017	Elizabeth Pew	27 Wellington Ln	Belmont	MA	02478	50.00		
3/30/2017	Jeanne Widmer	126 Gilbert Rd	Belmont	MA	02478	150.00		
3/26/2017	George Wyner	4 Adams Street	Belmont	MA	02478	40.00		
4/19/2017	Gail Gorman	96 School Street	Belmont	MA	02478	1,107.66	Non-contribution - refund of excess payment on 4/6/17	
Line 9: Total Receipts over \$50 (or listed above)						2,947.66		
Line 10: Total Receipts \$50 and under* (not listed above)						0.00		
Line 11: TOTAL RECEIPTS IN THE PERIOD						2,947.66		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	See attached		
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	See attached			
		Line 12: Total Expenditures over \$50 (or listed above)		7,379.29
		Line 13: Total Expenditures \$50 and under* (not listed above)		0
Enter on page 1, line 4 →		Line 14: TOTAL EXPENDITURES IN THE PERIOD		7,379.29

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES

ELECT ADAM DASH

3/26/17-5/4/17

DATE	TO WHOM PAID	ADDRESS	PURPOSE OF EXPENDITURE	VENDOR NAME AND ADDRESS, FOR REIMBURSEMENTS ONLY	AMOUNT
3/31/2017	Arlington Swifty	1386 Massachusetts Ave, Arlington, MA 02476	printing		180.39
4/18/2017	Belmont Firefighters	Local #1637, PO Box 79105, Belmont, MA 02479	refund contribution		250.00
4/5/2017	Jessie Bennett	15 Trowbridge St, Belmont, MA 02478	reimbursement for advertising	Facebook, 1601 Willow Rd, Menlo Park, CA 94025	287.50
4/18/2017	Jessie Bennett	15 Trowbridge St, Belmont, MA 02478	reimbursement for advertising	Facebook, 1601 Willow Rd, Menlo Park, CA 94025	121.20
3/24/2017	Connolly Print	17B Gill Street Woburn, MA 01801	printing		3,000.42
4/4/2017	Adam Dash	12 Goden Street, Belmont, MA 02478	reimbursement for food	Craft Beer Cellar, 51 Leonard St, Belmont, MA 02478; and Target, 550 Arsenal St, Watertown, MA 02472	105.38
4/6/2017	Gail Gorman	96 School St, Belmont, MA 02478	reimbursement for printing	Staples, 186 Alewife Brook Parkway, Cambridge, MA 02138	355.82
4/6/2017	Gail Gorman	96 School St, Belmont, MA 02478	reimbursement for robocall	Dialing Services, 500 N. Main St, Roswell, NM, 88201	423.13
4/6/2017	Gail Gorman	96 School St, Belmont, MA 02478	excess reimbursement on 4/6/17 - to be refunded		1,107.66
4/14/2017	Lyn Hamer	81 Kilburn Rd, Belmont, MA 02478	design		1,500.00
4/4/2017	Paypal.com	2211 North First St, San Jose, CA 95131	transaction fees		47.79
			Line 12:	Expenditures over \$50 (or listed above)	7,379.29
			Line 13:	Expenditures \$50 and under (not listed above)	0
			Line 14:	TOTAL EXPENDITURES IN THE PERIOD	7,379.29

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	See attached			
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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
		Line 15: In-Kind Contributions over \$50 (or listed above)	0	
		Line 16: In-Kind Contributions \$50 & under (not listed above)	0	
Enter on page 1, line 6 →		Line 17: TOTAL IN-KIND CONTRIBUTIONS	0	

* 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.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

0