



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK  
BELMONT, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Nov 22, 2016 Ending Date: Dec 31, 2016

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 St, Belmont, MA 02478

Committee Mailing Address

E-mail:

Phone # (optional): (617) 899-6509

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	8,299.85
Line 3: Subtotal (line 1 plus line 2)	8,299.85
Line 4: Total expenditures this period (page 5, line 14)	188.99
Line 5: Ending Balance (line 3 minus line 4)	8,110.86
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: Jan 11, 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: Jan 11, 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)			← 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 A: RECEIPTS

Date Received	Name	Residential Address			Amount	Occupation	Employer
12/5/2016	John Alcock	42 Madison St	Belmont	MA 02478	300.00	Retired	Retired
12/3/2016	David Alper	1 Oak Ave	Belmont	MA 02478	100.00		
11/28/2016	Suzanne Bass	530 Concord Ave	Belmont	MA 02478	250.00	Retired	Retired
12/3/2016	Rachel Berger	33 Stella Rd	Belmont	MA 02478	50.00		
11/28/2016	Martin Bitner	207 Claflin St	Belmont	MA 02478	50.00		
11/30/2016	Paul Chen	96 School St	Belmont	MA 02478	200.00	Scientist	Moderna
12/3/2016	Roger Colton	34 Warwick Rd	Belmont	MA 02478	500.00	Attorney	Fisher, Sheehan & Colton
12/6/2016	Kathy Crowley	35 Cedar Rd	Belmont	MA 02478	100.00		
11/22/2016	Adam Dash	12 Goden St	Belmont	MA 02478	1,000.00	Attorney	Adam Dash & Associates
11/23/2016	Adam Dash	12 Goden St	Belmont	MA 02478	99.95	Attorney	Adam Dash & Associates
11/27/2016	Adam Dash	12 Goden St	Belmont	MA 02478	23.90	Attorney	Adam Dash & Associates
12/8/2016	Elizabeth Dionne	55 Wellesley Rd	Belmont	MA 02478	100.00		
12/3/2016	Roy Epstein	4 Cushing Ave	Belmont	MA 02478	250.00	Economic consultant	Self-employed
11/29/2016	Karen Freidberg	43 Douglas Rd	belmont	MA 02478	50.00		
12/15/2016	Elissa Grad	40 Greybitch Park	Belmont	MA 02478	50.00		
12/3/2016	Caroline Huang	39 Howells Rd	Belmont	MA 02478	1,000.00	Homemaker	
12/3/2016	Ralph Jones	56 Summit Rd	Belmont	MA 02478	500.00	Consultant	Cadmus Group
11/30/2016	Mary Lewis	34 Randolph St	Belmont	MA 02478	200.00	Professor	Harvard University
12/3/2016	Anne Lougee	34 Warwick Rd	Belmont	MA 02478	250.00	Accountant	Waldorf School
12/3/2016	Anne Mahon	19 Alma Ave	Belmont	MA 02478	200.00	Realtor	Re/Max Leading Edge
12/21/2016	Greg Mennis	6 Raleigh Rd	Belmont	MA 02478	50.00		
11/27/2016	Wayne Mesard	14 Ash St	Belmont	MA 02478	150.00		
11/30/2016	David and Jane Otte	9 Goden St	Belmont	MA 02478	25.00		
12/3/2016	Jennifer Page	15 Stanley Rd	Belmont	MA 02478	150.00		
11/29/2016	Alex Rigopulos	2 Emerson St	Belmont	MA 02478	1,000.00	Chairman	Harmonix
12/1/2016	Paul Roberts	54 Cross St	Belmont	MA 02478	90.00		
12/6/2016	Stephen Sala	20 School St	Belmont	MA 02478	250.00	Home Inspector	Stephen Home Inspector
12/11/16	Sachi Sato	2 Emerson St	Belmont	MA 02478	1,000.00	Architect	SA2 Studios
11/27/2016	Ellen Schreiber	49 Sandrick Rd	Belmont	MA 02478	1.00		
12/8/2016	Ellen Schreiber	49 Sandrick Rd	Belmont	MA 02478	10.00		
11/28/2016	Heidi Steinert	123 Gilbert Rd	Belmont	MA 02478	100.00		
12/3/2016	Amy Tananbaum	21 Goden St	Belmont	MA 02478	50.00		
12/3/2016	Hilary Donovan	11 Hillcrest Rd	Belmont	MA 02478	100.00		
12/3/2016	Abigail Klingbeil	137 Claflin St	Belmont	MA 02478	50.00		
Line 9: Total Receipts over \$50 (or listed above)					8,299.85		
Line 10: Total Receipts \$50 and under* (not listed above)					0.00		
Line 11: TOTAL RECEIPTS IN THE PERIOD					8,299.85		

**SCHEDULE A: RECEIPTS (continued)**[illegible]

\* 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
Nov 23, 2016	Yola.com	909 Montgomery St #104, San Francisco, CA 94133	website hosting	99.95
Nov 27, 2016	Yola.com	909 Montgomery St #104, San Francisco, CA 94133	website URL	23.9
Dec 21, 2016	PayPal.com	2211 North First St, San Jose, CA 95131	transaction fees	65.14
Line 12: Total Expenditures over \$50 (or listed above)				188.99
Line 13: Total Expenditures \$50 and under* (not listed above)				
<div style="display: flex; justify-content: space-between;"> <span>Enter on page 1, line 4 →</span> <span><b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b></span> </div>				188.99

\* 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 (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50 (or listed above)		
		Line 13: Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 →		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.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	0