



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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2019 MAY -1 PM 3:17

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/19/2019 Ending Date: 5/2/2019

## Type of Report: (Check one)

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

Jessie Bennett

Candidate Full Name (if applicable)

Town of Belmont Board of Selectmen

Office Sought and District

15 Trowbridge St, Belmont, MA 02478

Residential Address

E-mail: jessiebennett@gmail.com

Phone # (optional): \_\_\_\_\_

Committee to Elect Jessie Bennett

Committee Name

David Scott

Name of Committee Treasurer

36 Brettwood Rd, Belmont, MA 02478

Committee Mailing Address

E-mail: dscott3541@gmail.com

Phone # (optional): \_\_\_\_\_

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	9,089.29
Line 2: Total receipts this period (page 3, line 11)	1,095
Line 3: Subtotal (line 1 plus line 2)	10,184.29
Line 4: Total expenditures this period (page 5, line 14)	8,540.72
Line 5: Ending Balance (line 3 minus line 4)	1,643.57
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:	Leader 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: 4/30/2019

### 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: 5/1/2019

## 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 Schedule A		
Line 9: Total Receipts over \$50 (or listed above)		975	
Line 10: Total Receipts \$50 and under* (not listed above)		120	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1,095</b>	← 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 (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
3/20/2019	Advance Reproductions	100 Flagship Dr North Andover, MA 01845	Banners	344.25
3/21/2019	Belmont Printing	46 Brighton St Belmont, MA 02478	Post cards	130.72
4/2/2019	Belmont Printing	46 Brighton St Belmont, MA 02478	Mailing	1,559.09
4/2/2019	Jessie Bennett	15 Trowbridge St Belmont, MA 02478	Reimburse for DialMyCalls	500
4/2/2019	Jessie Bennett	15 Trowbridge St Belmont, MA 02478	Reimburse for Facebook ads	584.88
4/26/2019	Jessie Bennett	15 Trowbridge St Belmont, MA 02478	Reimburse for Facebook ads	51.89
4/30/2019	Jessie Bennett	15 Trowbridge St Belmont, MA 02478	Reimburse for Facebook ads	622.5
3/21/2019	Connolly Printing	17 Gill St Woburn, MA 01801	Mailing	3,076.25
3/25/2019	Gatehouse Media	175 Sully's Trail Pittsford, New York 14534	Advertising	615
3/27/2019	Fiona McCubbin	58 Pinehurst Rd Belmont, MA 02478	Reimburse for Connolly Printing	1,034.88
4/2/2019	Paypal	2211 N. 1st St San Jose, CA 95131	Cumulative fees 3/19-4/2/2019	21.86
Line 12: Total Expenditures over \$50 (or listed above)				8,540.72
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				8,540.72

\* 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	na			
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

\* 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
	na			
Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				





Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

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: 3/27/2019

Name of Individual Being Reimbursed: Fiona McCubbin

Committee Name: Committee to Elect Jessie Bennett

CPF ID Number (if applicable):

Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/27/2019	Connolly Printing	17 Gill St Woburn, MA 02478	door hangers	\$1,034.88

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

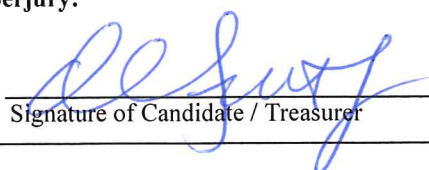
1,034.88

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

1,034.88

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 4/30/2019

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





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# Form CPF R 1: Itemization of Reimbursements

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Date of Reimbursement:		4/2/2019
Name of Individual Being Reimbursed:	Jessie Bennett	
Committee Name:	Committee to Elect Jessie Bennett	
CPF ID Number (if applicable):		Telephone Number (optional):

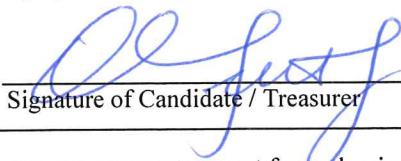
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/2/2019	DialMyCalls	1070 East Indiantown Rd Jupiter, FL 33477	phone calling	\$500.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	500
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	500

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 4/30/2019

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Date of Reimbursement:		4/2/2019
Name of Individual Being Reimbursed:	Jessie Bennett	
Committee Name:	Committee to Elect Jessie Bennett	
CPF ID Number (if applicable):		Telephone Number (optional):

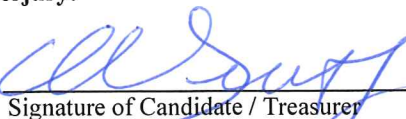
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/2/2019	Facebook	1 Hacker Way Menlo Park, CA 94025	advertising	\$584.88

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	584.88
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	584.88

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 4/30/2019

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



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# 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: April 26, 2019

Name of Individual Being Reimbursed: Jessie Bennett

Committee Name: Committee to Elect Jessie Bennett

CPF ID Number (if applicable):

Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/26/2019	Facebook	1 Hacker Way Menlo Park, CA 94025	advertising	\$51.29

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

51.29

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

51.29

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 4/30/2019

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





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## 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: 4/30/2019

Name of Individual Being Reimbursed: Jessie Bennett

Committee Name: Committee to Elect Jessie Bennett

CPF ID Number (if applicable):

Telephone Number (optional):

#### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/30/	Facebook	1 Hacker Way Menlo Park, CA 94025	Advertising	\$622.50

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 4/30/2019

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

**Schedule A**

<b>Date Received</b>	<b>Full Name</b>	<b>Address 1</b>	<b>Address 2</b>	<b>Amount</b>	<b>Occupation</b>	<b>Employer</b>
3/27/2019	Laura Caputo	75 Oliver Rd	Belmont, MA 02478	\$100.00		
3/23/2019	David Coleman	26 George St	Belmont, MA 02478	\$40.00		
3/27/2019	May Ellen Serino	6 Bayberry Ln	Belmont, MA 02478	\$100.00		
3/22/2019	Judith Feins	71 Bay State Rd	Belmont, MA 02478	\$50.00		
3/19/2019	Jessica Hausman	11 Sharpe Rd	Belmont, MA 02478	\$60.00		
3/20/2019	Christine Kochem	21 Jason Rd	Belmont, MA 02478	\$100.00		
3/21/2019	Lawrence Link	49 Orchard St	Belmont, MA 02478	\$100.00		
3/20/2019	Rebecca Rosen	112 Slade St	Belmont, MA 02478	\$50.00		
3/26/2019	David Schlissel	45 Horace Rd	Belmont, MA 02478	\$100.00		
3/19/2019	Robert Singler	53 Selwyn Rd	Belmont, MA 02478	\$50.00		
3/19/2019	Christine Smoragiewicz	47 Richardson Rd	Belmont, MA 02478	\$125.00		
3/24/2019	Anne Stuart	48 Elizabeth Rd	Belmont, MA 02478	\$100.00		