

Form CPF M 102: Campaign Finance Reportived TOWN CLERK BELMONT, MA

Office of Campaign and Political Finance

2019 JAN 15 AM 9: 56

Fill in Reporting Period dates: Beginning Date: Jan	1, 2018 Ending Date: 12/31/2018				
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution					
Adam Stuart Dash	Elect Adam Dash				
Candidate Full Name (if applicable)	Committee Name				
Selectman Office Sought and District	Gail Gorman Name of Committee Treasurer				
12 Goden Street, Belmont, MA 02478	117 School Street, Belmont, MA 02478				
Residential Address E-mail:	Committee Mailing Address E-mail:				
Phone # (optional): (617) 932-1711	Phone # (optional): (617) 859-6509				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	3,154.81				
Line 2: Total receipts this period (page 3, line 11) 0				
Line 3: Subtotal (line 1 plus line 2)	3,154.81				
Line 4: Total expenditures this period (page 5, line 14)					
Line 5: Ending Balance (line 3 minus line 4)	3,154.81				
Line 6: Total in-kind contributions this period (p	age 6) 169.45				
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: Belmont Savings B	ank				
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 of on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: 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, 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:	(Candidate's signature) Date: 1/10/2019				

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.)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
			·	
Line 9: Total Rece	ipts over \$50 (or listed above)	0		
Line 10: Total Rec	eipts \$50 and under* (not listed above)	0		
Line 11. TOTAL	RECEIPTS IN THE PERIOD	0	E A Section 1 Figure 2	
Line II. IOIAL	RECEII IS IN THE LEXIOD		← 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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	ipts over \$50 (or listed above)		
	sipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		
	receipts of \$50 and under include them in lin		← 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 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.)

eport all expenditures. Please include your committee name and a page number on each page.) To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		.]		
	10000			
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	0
		Line 12. Total Expellutures ov	er \$50 (or rision above)	<u> </u>
Line 13: Total Expenditures \$50 and under* (not listed above)			C	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				C
Enter on page 1, line 4 7 Line 14. 101AL EAT ENDITORES IN THE LERIOD				

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	11 Ond or Philodolike 15 Who shall be a second street to		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
·				
				,
Line 12: Evnanditures even \$50 (= 12-1-1-1-1)				
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				
	Enter on page 1, line 4 →		URES 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
1/6/2018	Adam Dash	12 Goden Street	Payment for online database	50
11/23/2018	Adam Dash	12 Goden Street	Payment for website	119.45
		·		
		Line 15: In-Kind Contributions over \$50 (or listed above)		172.58
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	ine 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS 172.5		

^{*} 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.

Page 6

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
Jan 26, 2017	Arlington Swifty Printing	1386 Massachusetts Avenue, Arlington, MA 02476	Printing (check never cleared; will rewrite)	150.38
·				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	150.38