

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 of Election Commission? 1/1/2019 12/31/2019 Fill in Reporting Period dates: Ending Date: Beginning Date: Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election x year-end report dissolution Adam Dash Elect Adam Dash Candidate Full Name (if applicable) Committee Name Member of the Select Board David Zipkin Office Sought and District Name of Committee Treasurer 12 Goden St, Belmont, MA 0247 137 Claflin St, Belmont, MA 02478 Committee Mailing Address Residential Address E-mail: dash@adamdashlaw.com E-mail: david.zipkin@gmail.com Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: \$3,154.81 **Line 1:** Ending Balance from previous report \$2,498.58 Line 2: Total receipts this period (page 3, line 11) \$5,653.39 Line 3: Subtotal (line 1 plus line 2) \$199.09 Line 4: Total expenditures this period (page 5, line 14) \$5,454.30 Line 5: Ending Balance (line 3 minus line 4) \$366.02 Line 6: Total in-kind contributions this period (page 6) \$0.00 Line 7: Total (all) outstanding liabilities (page 7) People's United Bank Line 8: Name of bank(s) used: 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: (Treasurer's signature) 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: (Candidate's signature)

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)
	See schedule A		
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A STATE OF THE STA		¢2.400.50	
ine 9: Total Rece	ipts over \$50 (or listed above)	\$2,498.58	
		\$0.00	
ine 10: Total Rece	eipts \$50 and under* (not listed above)	ψ0.00	
		\$2,498.58	1
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	1 4-7.50.50	← 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)
	See previous page		
		1	
Line 9: Total Recei	ipts over \$50 (or listed above)	See previous	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	See previous	← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
12/30/2019	Arlington Swiftly Printing	1386 Mass Ave	Collateral Printing	\$150.38
12/30/2019	Allington Swilly Filliding	Arlington, MA 02476	repayment for uncashed check	\$150.56
70/01/0010]			£40.71
12/31/2019	Paypal, Inc	2211 North First Street San Jose, CA 95131	Credit Card Processing Fees	\$48.71
	1			

				444
				
				-
	J			\$199.09
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		T. 12. T. 12. T. 25.)	\$0.00
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Parkers and 4 19 4 4	Line 14. TOTAL EVDENDING	IIDES IN THE DEDIOD	\$199.09
	Enter on page 1, line 4	Line 14: TOTAL EXPENDIT	UNES 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.

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SCHEDULE B: EXPENDITURES (continued)

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

^{*} 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
9/23/2019	Adam Dash	12 Goden St Belmont, MA 02478	Web hosting annual fee	\$119.45
10/26/2019	Adam Dash	12 Goden St Belmont, MA 02478	Hospitality for 10/26 Event	\$246.57
		Line 15: In-Kind Contribution	ons over \$50 (or listed above)	\$366.02
		Line 16: In-Kind Contribution	ns \$50 & under (not listed above)	\$0
	Enter on page 1 line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	\$366.02

^{*} 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.

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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
**************************************	None			
			Management of the second secon	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
1				
	Enter on page 1 line 7 -	Line 18: TOTAL OUTSTAND	OING LIARILITIES (ALL)	\$0.00

	\$2,498.58	Line 11: Total Receipts In The Period	Line 11: T	
	\$0.00	nd under* (not listed above)	Line 10: Total Receipts \$50 and under* (not listed above	
	\$2,498.58	Line 9: Total Receipts over \$50 (or listed above)	Line 9: Total Receipt	
	\$2.00	Belmont, MA 02478	137 Claflin St	10/23/2019 Zipkin, David
)	\$50.00	Belmont, MA 02478	39 Oak Ave	12/30/2019 Thayer, Phil
	\$25.00	Belmont, MA 02478	18 Edward St	10/26/2019 Shestakofsky, Stephen
\$300.00 Requested twice, not provided	\$300.0	Belmont, MA 02478	53 Louise Rd	10/30/2019 Poole, Adriana
	\$50.00	Belmont, MA 02478	83 Dean St	12/19/2019 Pollock, Emily
	\$25.00	Belmont, MA 02478	9 Goden St	10/26/2019 Otte, Jane
\$500.00 Attorney at Law / Self-Employeed	\$500.0	Belmont, MA 02478	81 Wellesley Rd	11/4/2019 McLaughlin, Robert
	\$50.00	Belmont, MA 02478	5 Scott Rd	12/19/2019 Masucci, Sara
	\$20.00	Belmont, MA 02478	101 Baker St	12/19/2019 Lucia, Emma
	\$250.00	Belmont, MA 02478	34 Warwick Rd	10/26/2019 Lougee, Anne
	\$1.50	Belmont, MA 02478	137 Claflin St	10/23/2019 Klingbeil, Abby
3	\$0.08	Belmont, MA 02478	2 Leonard St	1/1/2019 Interest - People's United 2 Leonard St
\$250.00 Attorney at Law / Wilmer, Cutler, Pickering, Hale and Dorr, LLP	\$250.0	Belmont, MA 02478	10 Myrtle St	12/20/2019 Halston, Daniel
	\$50.00	Belmont, MA 02478	102 Gilbert Rd	12/19/2019 Franck, Travis
\$200.00 CEO / Accountants One	\$200.0	Dunwoody, GA 30338	4990 Hidden Branches Cir	12/19/2019 Erling, Daniel
	\$100.00	Belmont, MA 02478	34 Randolph St	11/3/2019 Dizikes, Peter
)	\$100.00	Belmont, MA 02478	55 Wellesley Rd	10/29/2019 Dionne, Elizabeth
\$100.00 Mechanical Engineer / CAMX Power	\$100.0	Belmont, MA 02478	47 Lorimer Rd	10/26/2019 Dieckmann, John
	\$50.00	Belmont, MA 02478	84 Long Ave	10/27/2019 Bonfiglio, Kathryn
	\$25.00	Jamaica Plain, MA 02130	41 Orchard Street, Apt 2	12/19/2019 Bialek, Peter
	\$100.00	Belmont, MA 02478	92 Lexington St	10/26/2019 Bakeman, Helen
\$250.00 Retired	\$250.0	Belmont, MA 02478	42 Madison St	10/28/2019 Alcock, John
Occupation & Employer	Amount	Address	Address	Date Received Name