

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form RECEIVE TOWN CLE

RECEIVED TOWN CLERK BELMONT, MA

Date: 6/10/2020

Office of Campaign and Political Finance 1/1/2020 6/06/2020 Fill in Reporting Period dates: Beginning Date: **Ending Date:** Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election 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 02478 137 Claflin St, Belmont, MA 02478 Residential Address Committee Mailing Address E-mail: dash@adamdashlaw.com E-mail: david.s.zipkin@gmail.com Phone # (optional): Phone # (optional): **SUMMARY BALANCE INFORMATION:** \$5454.30 Line 1: Ending Balance from previous report \$425.00 Line 2: Total receipts this period (page 3, line 11) \$5,879.30 Line 3: Subtotal (line 1 plus line 2) \$418.22 Line 4: Total expenditures this period (page 5, line 14) \$5461.08 **Line 5:** Ending Balance (line 3 minus line 4) \$0.00 Line 6: Total in-kind contributions this period (page 6) \$106.11 Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Peoples United 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 of on be all 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.

(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 Appendix A		
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ne 9: Total Recei	pts over \$50 (or listed above)		
ne 10: Total Rece	ipts \$50 and under* (not listed above)		
		See attached	
ne 11: TOTAL F	RECEIPTS IN THE PERIOD	Joe acachea	← 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 Appendix A		
		CONTROL OF THE PROPERTY OF THE	
		Total Communication of the Com	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	See Attached	Enter on page 1, line 2
* If you have itemized	receipts of \$50 and under include them in line	0 Line 10 chou	Id include only those receipts not itemized above

^{*} 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.)

	To Whom Paid	nittee name and a page number or		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	See Appendix B			
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				Property of the Control of the Contr
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	Table - Table
				See Attached
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	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.

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SCHEDULE B: EXPENDITURES (continued)

*************	To Whom Paid	TEE B. EATENDITURES (C	1	1
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	See Appendix B	A ACCORDING	T at pose of Expenditure	
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			English Williams Williams Annual Company of the Com	

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		Line 12: Expenditures over \$50	(or listed above)	
		7 1 10 70 11 1-0 -	1 de 2	
		Line 13: Expenditures \$50 and u	ınder* (not listed above)	
	Enter on page 1 line 1 ->	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	See Attached
rc			nould include only those expenditure	L

^{*} 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
	None			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	\$0.00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	\$0.00
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	\$0.00

^{*} 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
3/20/2020	Belmont Printing	46 Brighton St Belmont, MA 02478	Collateral Printing	\$106.11
		9		

Date Received	Name	Address	Address	Amosint	Occurs of the state of the stat	
		The second secon	Comment of the Comment of the September 2011 in 1972 (1972 and 1982) and 1982 (1972 and 1982) an		Occupation & Employer	William or commence of the com
1/3/202/	1/3/2020 Davis, Mark	30 Emerson St	Belmont, MA 02478	\$200.00	\$200.00 Retired	
1/3/202	1/3/2020 Berger, Rachel	33 Stella Road	Belmont, MA 02478	\$50.00	and the control of th	
1/13/202	1/13/2020 Paradise, Jack	17 Brettwood Rd	Belmont, MA 02478	\$50.00	and the control of th	and the second state of the second se
1/23/202	1/23/2020 Kassaraba, Myron	Unknown	Management for the contraction of the contraction o	\$50.00	To the control of the	THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE
2/1/202(2/1/2020 Koplow, Douglas	18 Oak Avenue	Belmont, MA 02478	\$75.00	0	THE CONTRACTOR OF THE CONTRACT
er en der gebreit de state och det state det state			A COMPANIA CONTRACTOR			der Others (ACC O Steams - Octobre State) and secure of Octobre
The second secon	All the second property property party and the second seco	Line 9: Total Re	Line 9: Total Receipts over \$50 (or listed above)	\$425.00	(
	THE PARTY OF THE P	Line 10: Total Receipts \$	Line 10: Total Receipts \$50 and under* (not listed above)	\$0.00		straktit esterilikki ili fantliskiskiski natioalakska ondikkali i
		Line 1	11: Total Receipts In The Period	d \$425.00	(CONTRACTOR OF THE CONTRACTOR O

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