

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

TOWN CLERK BELMONT, MA

of Massachusetts	File with: City of Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 1/1/2				
Type of Report: (Check one) [8th day preceding preliminary	☐ 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 Office Sought and District	David Zipkin 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.zipkin@gmail.com			
Phone # (optional):	Phone # (optional):			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	\$5,348.97,			
Line 2: Total receipts this period (page 3, line 11)	\$0.00			
Line 3: Subtotal (line 1 plus line 2)	\$5,348.97			
Line 4: Total expenditures this period (page 5, line	e 14) \$35.00			
Line 5: Ending Balance (line 3 minus line 4)	\$5,313.97			
Line 6: Total in-kind contributions this period (pa	ge 6) \$143.45			
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00			
Line 8: Name of bank(s) used: People's Bank				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority of ordehalf of his committee in signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: //3/27			
Candidate with Committee Candidate with Committee Candidate with Commi	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.			
finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	, in-kind contributions and liabilities for this reporting period and represents the			

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.)

eport all receipts. Pl	lease include your committee name and a p	age number on ea			
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
None	(aiphabetical fishing required)	Zinount	(10t Contributions of \$250 of more)		
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ine 9: Total Receip	pts over \$50 (or listed above)	\$0.00			
		\$0.00			
Line 10: Total Recei	ipts \$50 and under* (not listed above)	\$0.00			
		\$0.00			
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	Ţ	← 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)
None			
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Line 9: Total Recei	pts over \$50 (or listed above)	\$0.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	\$0.00	
Line 11. TOTAL	RECEIPTS IN THE PERIOD	\$0.00	Enter an annual line of
			☐ Enter on page 1, line 2 d 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.)

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	
2/31/2021	People's Savings Bank		Monthly Service Charges	\$35.00	
12/31/2021	Feople's Savings Bank	Belmont, MA 02478	Worlding Service Charges	φ55.00	

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				\$35.00	
		Line 12: Total Expenditures ove	er \$50 (or listed above)	\$55.00	
		Line 12. Total E-man ditum - 050	and undoubt (not listed above)	\$0.00	
		Line 13: Total Expenditures \$50	and under (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	IRES IN THE PERIOD	\$35.00	
	Enter on page 1, time 4 \rightarrow	EINC 14. LOTAL EAFENDII	JRES HY 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.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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1				
		Line 12: Expenditures over \$5	50 (or listed above)	\$35.00
		Line 13: Expenditures \$50 and	l under* (not listed above)	\$0.00
	Enter on page 1, line 4 =	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	\$35.0

^{*} 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	
11/23/2021 Adam Dash		12 Goden St	Website fees	\$143.45	
11/23/2021	Additi Dasii	Belmont, MA 02478		φιτοιτί	
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	Philiphicae in the first and the second seco		Provide the second seco	Mark 1997 Mark Arena - Le constant à la compete de	
				\$143.45	
		Line 15: In-Kind Contribution	ons over \$50 (or listed above)	Ψ	
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
			[A447 41	
	Enter on page 1, line 6 -	→ Line 17: TOTAL IN-KIND	CONTRIBUTIONS	\$143.4	

^{*} 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				
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				management with my problems and a most too
	Enton on wass 1 Eng 7	Line 18: TOTAL OUTSTAN	DING LIARILITIES (ALL)	\$0.00