

Form CPF M 102: Campaign Finance Report

Municipal Form

RECEIVED TOWN CLERK BELMONT, MA

Office of Campaign and Political Finance

of Massachusetts	File with: City of Town Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date: 1/1/2	
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election
Adam Dash Candidate Full Name (if applicable) None	Elect Adam Dash Committee Name David Zipkin
Office Sought and District 12 Goden St, Belmont, MA 02478 Residential Address	Name of Committee Treasurer 137 Claflin St, Belmont, MA 02478 Committee Mailing Address
E-mail: dash@adamdashlaw.com Phone # (optional):	E-mail: david.zipkin@gmail.com Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$5,348.97
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	\$5,348.97
Line 4: Total expenditures this period (page 5, line	,
Line 5: Ending Balance (line 3 minus line 4)	\$0.00
Line 6: Total in-kind contributions this period (pa	sge 6) \$0.00
Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: M&T 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 or on behalf of this committee in a Signed under the penalties of perjury:	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:
Candidate with Committee Cardidate with Com	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,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the 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
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/9/7073

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	(alphabetical listing required) None	Amount	(for contributions of \$200 or more)
	None		
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ne 9: Total Rece	ipts over \$50 (or listed above)		
ne 10: Total Reco	eipts \$50 and under* (not listed above)		
ne 11• TOTAL	RECEIPTS IN THE PERIOD	\$0.00	← 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.)

report all expen	-	mittee name and a page number	on each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/24/2022	Belmont Library Foundation	58 Old Middlesex Rd	Donation before dissolving account	\$5298.97
11/24/2022	Delinont Library Foundation	Belmont, MA 02478		φ3230.37
12/31/2022	M&T Bank	277 Trapelo Rd	Misc banking fees	\$50.00
12/31/2022	III	Belmont, MA 02478		430.00
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aloren and an arrangement of the second	J L			\$5,348.97
		Line 12: Total Expenditures	over \$50 (or listed above)	, -, -, -, -, -, -, -, -, -, -, -, -, -,
		Line 12, Total Esmanditum	\$50 and under* (not listed above)	
		Line 15: Total Expenditures	\$50 and under* (not listed above)	
	Entar on nago 1 line 4 -	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	\$5,348.97
			3 should include only those expenditures	<u> </u>

^{*} 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 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
11/12/2022	Adam Dash	12 Godin St Belmont, MA 02478	Web hosting via Yola	\$33.95
]	
				
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	\$33.95
		Line 16: In-Kind Contributions	s \$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	\$33.95

^{*} 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
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