



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

2023 OCT 30 AM 9:55

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2023 Ending Date: 10/20/2023

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Caroline Hunter
Candidate Full Name (if applicable)

Cambridge School Committee
Office Sought and District

23 Rockwell Street, Cambridge, MA, 02139
Residential Address

E-mail: jazzze3@aol.com

Phone # (optional): _____

Committee to Elect Caroline Hunter
Committee Name

Lisette Williams
Name of Committee Treasurer

23 Rockwell Street, Cambridge, MA, 02139
Committee Mailing Address

E-mail: vote4carolinehunter@gmail.com

Phone # (optional): 617-299-9597

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$3,074.19
Line 2: Total receipts this period (page 3, line 11)	\$4,817.00
Line 3: Subtotal (line 1 plus line 2)	\$7,891.19
Line 4: Total expenditures this period (page 5, line 14)	\$1,188.88
Line 5: Ending Balance (line 3 minus line 4)	\$6,702.31
Line 6: Total in-kind contributions this period (page 6)	\$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$935.89
Line 8: Name of bank(s) used: <u>Santander Bank</u>	

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: Lisette Williams (Treasurer's signature) Date: 10/29/2023

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: Caroline Hunter (Candidate's signature) Date: 10/29/23

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	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/19/2023	Barmore, Peggy 216 Schoolhouse Road Albany, NY, 12203	\$75.00	
10/17/2023	Beard, Vivian C 22 Norris Ave / PO Box 887 Oak Bluffs, MA, 02557	\$200.00	Retired
10/14/2023	Blue, James 425 Riverside Drive #14C New York, NY, 10025	\$250.00	TV Executive; Storyboard Pictures
10/19/2023	Bouchet, Margot 5045 Inadale Avenue View Park-Windsor Hills, CA, 90043	\$100.00	
10/18/2023	Bridwell-Mitchell, Ebony 128 Cathedral Ave Providence, RI, 02908	\$250.00	Professor; Harvard University
10/12/2023	Davenport, Brenda 60 Club House Dr. Apt. 207 Palm Coast, FL, 32137	\$100.00	
10/18/2023	Dettman, Sonia 106 Berkshire Street Apt. 2 Cambridge, MA, 02141	\$75.00	
10/18/2023	Edwards, Nina 919 SW 57th Ave Coral Gables, FL, 33144	\$250.00	Vice President; Prudential
10/15/2023	Elliott, Anne 1 Park Lane 6F Mount Vernon, NY, 10552	\$250.00	Psychoanalyst; Self-employed
10/12/2023	Firouzbakht, Mahmood 7 Crescent St Cambridge, MA, 02138	\$100.00	
10/18/2023	Galluccio, Anthony 7 Trowbridge Pl Cambridge, MA, 02138	\$250.00	Lawyer; Galluccio & Watson
08/27/2023	Ginzberg, Abby 1136 Evelyn Avenue Albany, CA, 94706	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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)
09/30/2023	Greenidge, George 35 Pleasant Hill Avenue Boston, MA, 02126	\$100.00	
10/17/2023	Hasan, Theresa P.O. Box 438 Oak Bluffs, MA, 02557	\$100.00	
10/18/2023	Henry, Angella 65 E India Row 28E Boston, MA, 02110	\$100.00	
10/18/2023	Jennings, Lenora 122 Aberdeen Ave Cambridge, MA, 02138	\$100.00	
10/14/2023	Jones, Kim and Lawrence PO Box 3347 Oak Bluffs, MA, 02557	\$100.00	
09/10/2023	Lieu, Tina 37 Huron Ave. #1 Cambridge, MA, 02139	\$65.00	
10/18/2023	Lyman, Kennie 13 Rockwell St. Cambridge, MA, 02139	\$100.00	
10/16/2023	Mensah, Doreen 432 Lewis Ave Brooklyn, NY, 11233	\$250.00	Physician; Mount Sinai
10/18/2023	Michel, Andrew 280 Harvard St. # 2B Cambridge, MA, 02139	\$100.00	
10/14/2023	Mullins, Cynthia P. O. Box 657 West Redding, CT, 06896	\$100.00	
10/18/2023	Persip, Rhonda 11 Forrest Street Roxbury, MA, 02119	\$100.00	
10/13/2023	Steinert Jr., Alan 307 Smith Neck Road South Dartmouth, MA, 02748	\$250.00	Retired
09/01/2023	Toner, Paul 24 Newman Street Cambridge, MA, 02140	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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

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	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/18/2023	Tucker Brown, Sharon 6 Easting Road Bourne, MA, 02352	\$100.00	
10/17/2023	Watford, Gwen 299 Bloomfield Avenue Bloomfield, NJ, 07003	\$250.00	Registered Nurse, Quality Health Care
10/19/2023	Willett, Gail 72 Chestnut Street Cambridge, MA, 02139	\$100.00	
10/16/2023	Williams, Bethany Lynn 1609 Parkridge Circle, Apt 260 Crofton, MD, 21114	\$77.00	
10/04/2023	Wood, Carolyn 156 Common Street Belmont, MA, 02478	\$150.00	
Line 9: Total Receipts over \$50 (or listed above)		\$4,242.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$575.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$4,817.00	← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/13/2023	East Coast Printing	2 Keith Way Unit 5 Hingham, MA, 02043	Campaign materials (Palm cards, lawn signs, and stakes)	\$512.66
10/18/2023	Frank Wilkins, Sr.	110 Central Street Avon, MA, 02322	Entertainment for Campaign Fundraiser	\$200.00
10/05/2023	La Fábrica Cental	450 Massachusetts Avenue Cambridge, MA, 02139	Deposit for Campaign Fundraiser	\$198.00
10/19/2023	La Fábrica Cental	450 Massachusetts Avenue Cambridge, MA, 02139	Hors d'oeuvres for Campaign Fundraiser	\$198.00
Line 12: Total Expenditures over \$50 (or listed above)				\$1,108.66
Line 13: Total Expenditures \$50 and under* (not listed above)				\$80.22
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$1,188.88

Enter on page 1, line 4 →

* 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
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	\$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.

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
10/28/2021	Caroline Hunter	23 Rockwell Street Cambridge, MA, 02139	Loan to campaign	\$478.13
10/18/2023	Lisette Williams	PO Box 449 Oak Bluffs, MA, 02557	Beverages for Campaign Fundraiser	\$106.89
09/26/2022	Caroline Hunter	23 Rockwell Street Cambridge, MA, 02139	Loan to campaign	\$50.83
05/08/2023	Caroline Hunter	23 Rockwell Street Cambridge, MA, 02139	Loan to campaign	\$93.43
09/17/2023	Caroline Hunter	23 Rockwell Street Cambridge, MA, 02139	Loan to campaign	\$131.49
10/16/2021	Lisette Williams	PO Box 449 Oak Bluffs, MA, 02557	Printing - Campaign Materials	\$75.12
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$935.89