



Form CPF M 102: Campaign Finance Report Municipal Form

CITY OF CAMBRIDGE Office of Campaign and Political Finance
ELECTION COMMISSION

2016 JAN 26 A 10:55
Fill in Reporting Period dates: Beginning Date: 10/17/15 Ending Date: 12/31/15
File with: City or Town Clerk or Election Commission

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Jacob W. Crutchfield
Candidate Full Name (if applicable)
School Committee - Cambridge
Office Sought and District
281 River St #1, Cambridge MA 02139
Residential Address
Telephone Number (optional):

The Committee to Elect Jake Crutchfield
Committee Name
Cynthia Crutchfield
Name of Committee Treasurer
97 Greenbrook Dr, Stoughton MA 03072
Committee Mailing Address
Telephone Number (optional): 781-964-8739

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>948.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1,307.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2,255.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2,213.93</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>41.07</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Citizens 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: Cynthia Crutchfield (Treasurer's signature) Date: 1/23/16

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the 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.

Candidate without Committee OR Candidate with independent activity filing separate report
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 committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: _____ (Candidate's signature) Date: 1/23/16

SCHEDULE A: RECEIPTS

R.C.L. c. 53 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)

Line 9: Total Receipts over \$50 (or listed above)	1,200-
Line 10: Total Receipts \$50 and under* (not listed above)	107.-
Line 11: TOTAL RECEIPTS IN THE PERIOD	1307.00

See attached

← 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.

<u>Date</u>	<u>Last Name</u>	<u>First Name</u>	<u>Residential Address</u>	<u>Amnt</u>	<u>Occupation</u>	<u>Employer</u>
11/16/2015	Buel	Sarah	4630 S. Lakeshore Dr., Tempe AZ 85252	\$ 100.00		
9/7/2015	Croteau	William	49 Colburn St, Sharon, MA 02067	\$ 100.00	Architect	NBBJ
12/23/2015	Crutchfield	Cynthia	97 Greenbrook Dr., Stoughton MA 02072	\$ 100.00	Retired	
12/28/2015	Crutchfield	Jacob	281 River Street #1, Cambridge MA 02139	\$ 200.00		
10/26/2015	Crutchfield	Jonathan	867 Windover St, New Smyrna Beach FL	\$ 100.00	Retired	
10/22/2015	Davidson	Mariko	2 Ware St. Apt 411, Cambridge, MA 02138	\$ 50.00	Managing Director	Emerson College
10/20/2015	Goldstein	Kim & Richard	119 Fayerweather St, Cambridge, MA 02138	\$ 100.00	Education	Cambridge School volunteers
10/19/2015	Himmel	Jeffrey	50 Braeburn Drive, New Canaan, CT 06840	\$ 150.00	Distributor	Altrco Group Int'l
10/17/2015	Idol	Scott	1429 Sussex Rd., Wynnewood, PA 19096	\$ 100.00	teacher	Lower Merion School District
10/17/2015	Oelker	Eric	79 Glenville Ave #5, Allston, MA 02134	\$ 50.00	PhD student	MIT
10/18/2015	Olken	Benjamin	141 Thorncliffe St, Brookline, MA 02446	\$ 100.00	Professor	MIT
8/11/2015	Olken	Leonard		\$ 50.00		
			\$50 and over donations	\$ 1,200.00		
			Under \$50 donations	\$ 107.00		
			<u>Total donations</u>	<u>\$ 1,307.00</u>		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

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 B: EXPENDITURES

M.G.L. c. 53 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

Line 12: Total Expenditures over \$50 (or listed above)	See
Line 13: Total Expenditures \$50 and under* (not listed above)	attached
Line 14: TOTAL EXPENDITURES IN THE PERIOD	2,213.93

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.

<u>Date</u>	<u>Amount</u>	<u>Vendor</u>	<u>Address</u>	<u>Purpose</u>
10/18/15	\$ 10.87	Act Blue		Credit Card Processing Fee
10/25/15	\$ 11.86	Act Blue		Credit Card Processing Fee
11/1/15	\$ 2.81	Act Blue		Credit Card Processing Fee
11/8/15	\$ 1.78	Act Blue		Credit Card Processing Fee
10/26/15	\$ 104.06	Anytime Pizza	Cambridge, MA	Food for volunteers
10/22/15	\$ 203.47	Cambridge Offset	56 Creighton St., Cambridge, MA	Printed materials
10/29/15	\$ 318.00	Cambridge Offset	56 Creighton St., Cambridge, MA	Printed materials
11/30/15	\$ 9.99	Citizens Bank		Service Charge
12/31/15	\$ 9.99	Citizens Bank		Service Charge
10/26/15	\$ 29.89	CVS		Supplies
11/13/15	\$ 100.00	Danger! Awesome	Brighton, MA	Office space
12/29/15	\$ 1,000.00	David Himmel	10 Prospect St., Cambridge, MA	Campaign Manager Payment
10/20/15	\$ 4.16	Dunkin Donuts	46 Hobson St. #1; Brighton MA 02135	Food for volunteers
10/21/15	\$ 93.78	Labels & Lists	Cambridge, MA	Voter lists
11/3/15	\$ 116.53	Staples	Cambridge, MA	Supplies
12/1/15	\$ 183.00	The Middle East Restaurant	Cambridge, MA	Food for volunteers
10/19/15	\$ 5.75	USPS	Stoughton, MA 02072	Postage
11/30/15	\$ 5.75	USPS	Stoughton, MA 02072	Postage
10/26/15	\$ 2.24	Walgreens	Cambridge, MA	Supplies
	\$			
	\$			2,213.93

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)

Line 13: Expenditures \$50 and under* (not listed above)


Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES 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.

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	

* 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.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 54 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

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

(Handwritten signature or initials)