



Form CPF M 102: Campaign Finance Report Municipal Form

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2021 Ending Date: 10/15/2021

CITY OF CAMBRIDGE
ELECTION COMMISSION

Type of Report: (Check one)

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

José Luis Rojas Villarreal
Candidate Full Name (if applicable)

School Committee Cambridge
Office Sought and District

19 Cornelius Way, Cambridge, MA 02141
Residential Address

E-mail: rojas_pratt@me.com

Phone # (optional): 617.460.9277

CTE José Luis Rojas Villarreal
Committee Name

Maija Liisa Pratt Rojas
Name of Committee Treasurer

19 Cornelius Way, Cambridge, MA 02141
Committee Mailing Address

E-mail: votejoseluis@gmail.com

Phone # (optional): 617.460.9277

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	288.11
Line 2: Total receipts this period (page 3, line 11)	3,000.00
Line 3: Subtotal (line 1 plus line 2)	3,288.11
Line 4: Total expenditures this period (page 5, line 14)	1,121.18
Line 5: Ending Balance (line 3 minus line 4)	2,166.93
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	East Cambridge Savings 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 or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Maija Pratt (Treasurer's signature) Date: 10/25/21

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: [Signature] (Candidate's signature) Date: 10/25/21

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)
9/16/21	Alison Marshall, 60 Chilton St, Apt 2, Cambridge, MA 02138	100	
9/15/21	Andrew Frishman, 14 Perry St., Cambridge, MA, 02139	100	
9/15/21	Camille Preston, 3 St. Paul, Cambridge, MA 02139	200	Executive Coah, AIM Leadership
9/15/21	Carolyn Magid, 71 Reed St, Cambridge, MA 02140	150	
9/10/21	Charles Hinds, 207 Charles St, Cambridge, MA 02141	100	
9/16/21	Deborah Cunningham, 1 Amory Place, Cambridge, MA, 02139	100	
7/21/21	Elise Matefy, 169 Brookline St, Cambridge, MA 02139	150	
9/15/21	Gerardo Espinoza, 17A Sparhawk St, Brighton, MA, 02135	200	Community Finance, LEAF - Local Enterprise Assistance Fund
10/15/21	Greg Jobin-Leeds, 9 Gray Gardens E, Cambridge, MA 02138	500	Author, Access Strategies Fund
6/30/21	Juan Serna, 29 Fairmont Ave, Cambridge, MA 02139	100	
10/15/21	Maria Jobin-leeds, 9 Gray Gardens E, Cambridge, MA 02138	500	Community Organizing, Maria's List
10/7/21	Matthew Nehs, 15 Cornelius Way, Cambridge, MA, 02141	250	Surgeon, Brigham and Women's Hospital
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)
9/14/21	Valerie Reece, 102 Otis Street Unit 1, Cambridge, MA, 02141	250	Lawyer, Hebrew Senior Life

Line 9: Total Receipts over \$50 (or listed above)	2,700
Line 10: Total Receipts \$50 and under* (not listed above)	300
Line 11: TOTAL RECEIPTS IN THE PERIOD	3,000

← 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
10/14/21	Potter's Printing	822 Eastern Ave, Fall River, MA 02723	Printing of Yard Signs and Stakes	672.93
6/30/21	Wix.com	40 Namal Tel Aviv, 6350671, Israel	Web Hosting	104.84
Line 12: Total Expenditures over \$50 (or listed above)				777.77
Line 13: Total Expenditures \$50 and under* (not listed above)				343.41
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,121.18

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 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)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				

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

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