



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2024 JAN 22 AM 9:07

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/21/2023 Ending Date: 12/31/2023

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)

Cambridge School Committee
Office Sought and District

19 Cornelius Way, Cambridge, MA 02141
Residential Address

E-mail: **rojas_pratt@me.com**

Phone #: **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 #: **617.460.9277**

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$1,346.78
Line 2: Total receipts this period (page 3, line 12)	100.00
Line 3: Subtotal (line 1 plus line 2)	1,446.78
Line 4: Total expenditures this period (page 5, line 15)	65.60
Line 5: Ending Balance (line 3 minus line 4)	\$1,381.18
Line 6: Total in-kind contributions this period (page 6, line 18)	\$ 254.00
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0.00
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0.00
Line 9: 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 Liisa Pratt (Treasurer's signature) Date: 1/19/2024

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: 1/19/2024

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)		\$100.00	<p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p> <p>← Enter on page 1, line 2</p>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD		\$100.00	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, 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 19: TOTAL OUTSTANDING LIABILITIES (ALL)	

