



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/22/18 Ending Date: 12/31/18

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

Laurance Kimbrough  
Candidate Full Name (if applicable)  
Cambridge School Committee  
Office Sought and District  
24 Aberdeen Ave, Cambridge 02138  
Residential Address  
E-mail: laurance.kimbrough@gmail.com  
Phone # (optional): 617 529 3232

Friends of Laurance Kimbrough  
Committee Name  
Adam Seidel  
Name of Committee Treasurer  
24 Aberdeen Ave Camb 02138  
Committee Mailing Address  
E-mail: a.seidel@gmail.com  
Phone # (optional): 617 308 1291

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>559.04</u>
Line 2: Total receipts this period (page 3, line 11)	<u>-</u>
Line 3: Subtotal (line 1 plus line 2)	<u>-</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>559.04</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>-</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>-</u>
Line 8: Name of bank(s) used:	<u>Belmont Savings</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: [Signature] (Treasurer's signature) Date: 1/29/19

**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: [Signature] (Candidate's signature) Date: 1/29/19

## 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
2/6/18	Laurence Kimbrough	24 Aberdeen Ave Cambridge 02138	Reimbursement of Campaign Expenditures	559.04
Line 12: Total Expenditures over \$50 (or listed above)				559.04
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				559.04

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.



# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

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Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

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CITY OF CAMBRIDGE  
ELECTION COMMISSION

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: ~~1/20/18~~ 1/31/18

Name of Individual Being Reimbursed: Laurance Kimbrough

Committee Name: Friends of Laurance Kimbrough

CPF ID Number (if applicable):

Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
1/20/18	Laurance Kimbrough	24 Aberdeen 02138	Computer/Printer Reimbursement	559.04
(Include items listed on Page 2) →			Line 1: Expenditures in excess of \$50 (itemized above):	559.04
			Line 2: Expenditures \$50 or under (not itemized):	
			Line 3: TOTAL AMOUNT REIMBURSED:	559.04

Signed under the penalties of perjury:

Laurance Kimbrough  
Signature of Candidate / Treasurer

Date: 2/13/19