

Bowman Go Run Fund



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: **1/1/2020** Ending Date: **12/31/2020**

Type of Report: (Check one)

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

Manikka L. Bowman
Candidate Full Name (if applicable)

School Committee, Cambridge, MA
Office Sought and District

134 Reed St. Cambridge, MA
Residential Address

Telephone Number (optional): **857-209-4509**

Bowman Go Run Fund
Committee Name

Emily Irving
Name of Committee Treasurer

134 Reed St. Cambridge, MA
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$2,294.36
Line 2: Total receipts this period (page 3, line 11)	\$175.00
Line 3: Subtotal (line 1 plus line 2)	\$2,469.36
Line 4: Total expenditures this period (page 5, line 14)	\$255.92
Line 5: Ending Balance (line 3 minus line 4)	\$2,213.44
Line 6: Total in-kind contributions this period (page 6)	\$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$372.17
Line 8: Name of bank(s) used:	TD 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: *[Signature]* (Treasurer's signature)

Date: **3/3/21**

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: **3/5/21**

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FORM CPF M 102 - SCHEDULE A: RECEIPTS

Date	Name	Address	Receipts	Employer - Occupation
6/4/2020	Bewtra, Manisha	330 Grove Street Melrose, MA 02176	\$25.00	
6/2/2020	Landers, Michelle	141 Englewood Ave. Apt. 36 Brighton, MA 02135	\$100.00	
3/17/2020	Rosen, Lisa	53 Bedford Rd. Lincoln, MA 01773	\$50.00	

Line 9: Total Receipts over \$50 (or listed above)	\$175.00
Line 10: Total Receipts \$50 and Under (not listed above)	\$0.00
Line 11: Total Receipts in the Period	\$175.00

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FORM CPF M 102 - SCHEDULE B: EXPENDITURES

Date	To Whom Paid	Address	Purpose	Amount
4/22/2020	Wix.com	P.O. Box 40190 San Francisco, CA	Website & Marketing Platform	\$178.50

Line 12: Total Expenditures over \$50 (or listed above)	\$178.50
Line 13: Total Expenditures \$50 and under (not listed above)	\$77.42
Line 14: Total Expenditures this period	\$255.92

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FORM CPF M 102 - SCHEDULE C: IN-KIND CONTRIBUTIONS

Date	Name	Address	Description of Contribution	Value
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Line 15: In Kind Contributions over \$50 (or listed above)	\$0.00
Line 16: In-Kind Contributions \$50 and under (not listed above)	\$0.00
Line 17: Total In-Kind Contributions	\$0.00

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FORM CPF M 102 - SCHEDULE D: LIABILITIES

Date	Name	Address	Purpose	Amount
12/19/2020	Manikka Bowman	134 Reed St. Cambridge, MA 02140	Marketing Materials	\$372.17

Line 17: Total Outstanding Liabilities (All)				\$372.17
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