



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY OF CAMBRIDGE
ELECTION COMMISSION

2011 NOV 10 1:05

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	1	5	2011		10	21	2011

Type of report: (Check one)

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

Full Name of Candidate (if applicable)

Nancy Tauber

Office Sought and District

Cambridge School Committee

Residential Address

137 Chestnut St. Camb, MA 02139

Tel. No. (optional)

417-576-7977

Committee Name

Committee to Elect Nancy Tauber

Name of Committee Treasurer

Anne Holtzworth

Committee Mailing Address

137 Chestnut St. Camb. MA 02139

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 141.36
Line 2: Total receipts this period (page 2, line 11)	\$ 11,183.29
Line 3: Subtotal (line 1 plus line 2)	\$ 11,324.65
Line 4: Total expenditures this period (page 3, line 14)	\$ 5,677.31
Line 5: Ending balance (line 3 minus line 4)	\$ 5,647.34
Line 6: Total in-kind contributions this period (page 4)	\$ —
Line 7: Total (all) outstanding liabilities (page 4)	\$ —
Line 8: Name of bank(s) used	Citizens 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:

Anne S. Holtzworth

Treasurer's signature (in ink)

11/10/11

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

Natalie

Candidate signature (in ink)

11/10/11

Date

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.

This page may be copied 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)
	<i>See attached sheet</i>			
Line 9: Total receipts in excess of \$50 (or listed above)		8787	29	
Line 10: Total receipts \$50 and under* (not listed above)		2396	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		11,183	29	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.

Receipts

10/19/11 Nancy	Akbari	357 Harvard St.	Cambridge	2139	500
	Mt. Auburn Hospital – physician				
07/29/11 George	Anderson	171 Larch Rd.	Cambridge	2138	250
	Tapestry Networks-consultant				
07/13/11 Jonathan	Austin	219 Brookline St.	Cambridge	2139	100
08/05/11 Renee	Chandonnet	4 Matignon Road	Cambridge	2140	100
07/20/11 Kathryn	Codd	301 Brookline St.	Cambridge	2139	125
08/15/11 Fran	Cronin	1 Kimball Lane	Cambridge	2140	135
08/05/11 Mo	Cunningham	153 Magazine St.	Cambridge	2139	100
10/15/11 Jane	Donohue	221 Chestnut St.	Cambridge	2139	150
10/15/11 Bob	Downing	115 Magazine St.	Cambridge	2139	70
07/18/11 Harold	Epstein	164 Glengarry Rd	Fairfield	6432	100
09/12/11 Andy	Farrar	4 Lawrence St.	Cambridge	2139	150
08/15/11 Richard	Freierman	39 Kelley Road	Cambridge	2138	100
07/08/11 Jay	Gardner	51 Pettee St	Newton	2464	100
07/12/11 Kim	Goldstein	119 Fayerweather #2	Cambridge	2138	100
08/12/11 Heather	Graham	115 Magazine St.	Cambridge	2139	199
09/02/11 Nick	Gross	19 Walden St 1	Cambridge	2140	150
07/26/11 Anne	Holtzworth	25 Grey Gardens East	Cambridge	2138	250
	Consultant				
10/01/11 Bob	Hurlbut	5 Sparks St.	Cambridge	2138	100
07/19/11 Debby	Irving	32C Cushing St.	Cambridge	2138	100
08/11/11 Martin	Kaminer	345 West 54 th St.	New York	10019	500
	Instructional Systems Inc. CEO				
10/15/11 Lisa	Kaneb	7 Lincoln Way	Cambridge	2138	75
08/10/11 Kay	Khan	18 St. Mary's St.	Newton	2462	100
07/17/11 Kathy	Kosinski	135 Chestnut St.	Cambridge	2139	200
	Cambridge Hospital-Physician				
07/31/11 Rozann	Kraus	91 Chilton St.	Cambridge	2138	85
07/25/11 Paula	Levine	77 Florence St.	Newton	2164	75
10/02/11 Patricia	Lorsch	108 Washington Ave.	Cambridge	2140	100
08/12/11 Debbie	Malina	66 Chilton Street	Cambridge	2138	100
07/10/11 Dina	Mardell	166 Chestnut St.	Cambridge	2139	100
10/15/11 Holly	Mockovak	41 Linnaean St.	Cambridge	2138	85
08/12/11 Rowan	Murphy	22 Gurney St.	Cambridge	2138	100
08/08/11 Ruby	Pierce Donohue	27 Cedar St	Cambridge	2140	100
08/17/11 Jim	Rafferty	40 Larch	Cambridge	2138	100
09/30/11 Jen	Roberts	100 Henry St.	Cambridge	2138	100
07/27/11 Daisy	Rosner	333 East 30th St. #17J	New York	10016	100
	Retired				
09/30/11 Alex	Rothenberg	24 E T Sullivan Rd. #2	Cambridge	2138	100
07/09/11 Carol	Sandstrom	70 Chilton St.	Cambridge	2138	100
09/15/11 Dennis	Scannell	107 Washington Ave	Cambridge	2140	100
08/01/11 Martha	Sieniewicz	84 Magazine Street	Cambridge	2139	100
09/11/11 Hugh	Simons	50 Woodbine Rd.	Belmont MA		500
	Ropes and Gray -CFO				
08/09/11 Mike	Steinkrauss	30 Decatur St	Cambridge	2139	100
09/05/11 Guy	Stuart	8 Florence St	Cambridge	2139	170
07/23/11 Gail	Stubbs	55 Chestnut St.	Cambridge	2139	135

Receipts

08/05/11 Nancy	Tauber	137 Chestnut St.	Cambridge	2139	1678.29
		City of Cambridge/School Comm.			
07/20/11 Nancy	Tauber	137 Chestnut St.	Cambridge	2139	500
		City of Cambridge/School Comm.			
09/02/11 Mary	Tittmann	29 R. C. Kelley St.	Cambridge	2138	100
08/09/11 Nancy	Walser	335 Huron Ave	Cambridge	2138	200
		Harvard University Press-Editor			
07/25/11 Doug	Welch	12 Grayhurst Park	Portland	4102	100
07/22/11 Jessie	Wenning	103 Kinnaird St.	Cambridge	2139	105
				Total	8787.29
		\$50 and under			2396

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.

This page may be copied 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	
	<i>See attached sheet</i>				
Line 12: Expenditures over \$50				5484	79
Line 13: Expenditures \$50 and under*				192	52
Line 14: TOTAL EXPENDITURES				5677	31

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.

Expenditures

Date	To Whom Paid	Address	City	St.	Zip	Purpose	Expense
07/07/11	Shore Internet	P.O.: 69631	Egg Harbor Twshp	NJ		8234 jar openers	\$169.28
7/19/2011	US Postal Service	Central Square	Cambridge	MA		2138 Stamps	\$55.60
07/27/11	Nat'l Envelope Co.	134 Selig Dr. SW	Atlanta	GA		30336 envelopes	\$146.50
8/13/2011	Hillside Press	192 Green St.	Melrose	MA		2176 yard signs	\$1,049
08/25/11	Dr. Don's Buttons	3906 W. Morrow	DGlendale	AZ		85308 leaflets	\$1,678.29
09/15/11	Camb. Offset Printing	56 Creighton St.	Cambridge	MA		2149 stickers	\$148.75
09/20/11	Nancy Tauber	137 Chestnut St.	Cambridge	MA		2139 repay loan	\$500.00
09/20/11	Nancy Tauber	137 Chestnut St.	Cambridge	MA		2139 repay loan	\$1,678.29
10/11/11	Home Depot	615 Arsenal St.	Watertown	MA		2471 sign supplies	\$59.58
	Total Over \$50						\$5,484.79
	Total Under \$50						192.52
						Total	\$5,677.31

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		N/A		
Enter on page 1, line 6				Line 15: In-kind over \$50
				Line 16: In-kind \$50 and under
				Line 17: Total In-kind

* 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
		N/A		
Enter on page 1, line 7				Line 18: OUTSTANDING LIABILITIES (ALL)