



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF CAMBRIDGE
ELECTION COMMISSION

2005 OCT 31 A 9:31

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning January 1, 2005 Ending October 25, 2005

Type of report: (Check one)

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

Nancy G. Walsec

Full Name of Candidate (if applicable)

School Committee Cambridge

Office Sought and District

335 Huron Ave.

Residential Address

Cambridge, MA 02138

Tel. No. (optional)

Committee to Elect Nancy Walsec

Committee Name

Barbara Brammer

Name of Committee Treasurer

335 Huron Ave

Committee Mailing Address

Cambridge MA 02138

Tel. No. (optional)

617-306-5208

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>536.61</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>3260.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>3,796.61</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>3,022.44</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>774.17</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>-0-</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>8186.58</u>
Line 8: Name of bank(s) used	<u>Cambridge Trust</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:

Barbara A Brammer
Treasurer's signature (in ink)

10/25/05
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:

N Walsec
Candidate signature (in ink)

10/25/05
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)
	See Attached		
	Schedule		
		2595	-
Line 9: Total receipts in excess of \$50 (or listed above)		665	
Line 10: Total receipts \$50 and under* (not listed above)		665	-
Line 11: TOTAL RECEIPTS IN THE PERIOD		3260	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
Campaign Expenditures

Cambridge Offset	195.00	Fundraising envelopes
Cambridge Offset	603.75	Printing of Palm Cards
Kinko's	210.00	Fundraising letter
US Post Office	296.00	Fundraising letter
Simard	764.40	Signs
Simard	850	Printing of Coffee Invitations
Misc.	15.61	Meetings
Bank Fees	68.69	
Kinko's	18.99	Paper
Total	3,022.44	

10/31/2005

Schedule A
Campaign Receipts

	Address	City	State	Zip	Occupation	Contribution	Contribution
Booth	3368 Moore St.	Los Angeles	CA	90066-1704		195.00	
Brammer	41 Sargent St.	Cambridge	MA	02140	Accounting Mgmt Solutions	250.00	
Bryson	77 Fayweather St.	Cambridge	MA	02138	Administrator	200.00	
Gerhard	39 Chilton St., #1	Cambridge	MA	02138		\$100.00	
Grunebaum	98 Montgomery St.	Cambridge	MA	02140		75.00	
Johnson	12 Lake View Ave	Cambridge	MA	02138		100.00	
Kramer-Roach	7 Avon St.	Cambridge	MA	02138		75.00	
Maierfant	18 Harrison Ave.	Cambridge	MA	02140		100.00	
Maierfant	75 Henry St.	Cambridge	MA	02140	Consultant	250.00	
Mansour	17 Clay St.	Cambridge	MA	02140	Professor	150.00	
Mazer	10 Saville St.	Cambridge	MA	02138		200.00	
Peoples	15 Crescent St.	Cambridge	MA	02138		100.00	
Rimer	486 Huron Ave.	Cambridge	MA	02138	Therapist	200.00	
Tittmann	29 R. C. Kelley St.	Cambridge	MA	02138		100.00	
Waiser	1101 Live Oak Ridg	Texas	TX	78746	Retired Teacher	500.00	
Rodger						2,595.00	

\$50 and under 665.00

Total Receipts 3,260.00

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
Line 15: In-kind over \$50				- 0 -
Line 16: In-kind \$50 and under				- 0 -
Line 17: Total In-kind				- 0 -

Enter on page 1, line 6

* 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
		No Changes		
Line 18: OUTSTANDING LIABILITIES (ALL)				8186.58

Enter on page 1, line 7