

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance
ELECTION COMMISSION

Massachuadts	2007 EEB C D 7 EG
le with: ty or Town Clerk or Election Commission	2001 FEB 5 1:58
Please print or type all int	rmation, except signatures.
Fill in dates: Reporting Period Beginning 01 51 5	Ending 12 31 66
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding elections	n □30 day after election □ Syear-end report □ dissolution
Full Name of Candidate (if applicable) SCHOOL COMMETTEE Office Sought and District 187 Whyson, 14. Campuelle, tha Residential Address Tel. No. (optional)	Committee Name Committee Name MARRY Name of Committee Treasurer P.D. Kex 391321, CANNAMICS MA 02138 Committee Mailing Address Tel. No. (optional)
Line 1: Ending balance from prev Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this pe Line 5: Ending balance (line 3 minus) Line 6: Total in-kind contributions the Line 7: Total (all) outstanding liability	iod (page 3, line 14) \$ 2000,00 sis period (page 4) \$
finance activity, including all contributions, loans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on behalf of Signed under the penditures as signature (in ink)	ies of perjury: Z/S/O7 Date
FOR CANDIDATE FILINGS O	*LY: (CANDIDATE MUST SIGN BELOW)

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 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 inance 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 ontributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filling separate report 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 inance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the ampaign 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:
Candidate signature (in ink)

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	
				1680	
		1	K	e Mo	
		1	1		
		15/			
		V			
		}			
Line 9: Tota	al receipts in excess of \$50 (or listed above)				
Line 10: Tota	al receipts \$50 and under* (not listed above)				
Line 11: TO	TAL RECEIPTS IN THE PERIOD			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.

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Financial Report		
Financik	Amou Info requested	500 500 500 500
	Employer	02139 Coordinator Cambridge Health Alliance
Schedule A Reciepts	Zip Occupation Employer	02139 Coordinator 02139 Coordinator 02139 Coordinator 02139 Coordinator
Sche	State	Ma Ma Ma
	City	Cambridge Cambridge Cambridge Cambridge
rd Harding	Address	187 Windsor St Cambridge 187 Windsor St Cambridge 187 Windsor St Cambridge 187 Windsor St Cambridge
Elect Richa	Lname	Harding Harding Harding Harding
Committee to Elect Richard Harding	Fname Lname Address	2/8/2006 Richard 3/5/2006 Richard 3/23/2006 Richard 5/14/2006 Richard
	Date	2/8/20 3/5/20 3/23/20 6/14/20

total

2000

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
		0)	Jac.	
		R		
		X		
		5		
		Line 12	Expenditures over \$50	
			Expenditures \$50 and under*	
Е	nter on page 1, line 4		:TOTAL EXPENDITURES	

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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Date	Vendor	Address	Expenditure	Amount
1/31	/31/06 Moacir Barbosa	34 Pine St, Cambrdige, Ma	reimbursement	100
1/31	/31/06 John Gannon	93 Highland Ave	Recount	200
3/5	3/5/06 John Gannon	93 Highland Ave	Recount	200
4/30	1/30/06 John Gannon	93 Highland Ave	Recount	200
6/5	6/5/06 John Gannon	93 Highland Ave	Recount	200
8/58	3/29/06 Moacir Barbosa	34 Pine St, Cambrdige, Ma	reimbursement	4

2141

Misc.





Schedule E Municipal Form Disclosure of Assets Statement Office of Campaign and Political Finance

, Managements			<u> </u>	
File with: City or Town Clerk or Election Commission	on		CPF ID#	
This form should be filed by	all candidates	and committees with each		
		ext Richael Havel	Data of a	port: 2-5-07
Committee Name: Committee	10 64	ex Michael Claves	Date of re	port:
All can	didates and co	ommittees must fill in Pa	rt A or Part B.	
Part A:				
No assets* were acquired or dispo	sed of by this	candidate/committee duri	ing the period covered	by this statement.
Part B:				
Assets acquired: List all assets acqu	ired since the	committee last filed this	statement. If this is th	ne first Schedule E you
nave filed, list all assets.				
Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value
	f			
		i A		
Assets disposed of: List all assets sole	d. traded or tra	insferred during the repor	ting period covered by	this statement.
Asset	Date	Disposition to:	Date and Manner	Disposition Value
Include year, model or other identifying information, if applicable.	Acquired	Name and Address	of Disposition	Attach statement of how value is determined.
	7	•		
			4	
		V		
	And the second second			L
Assets acquired by a political committee must	st be used for the	political purpose for which the	ne committee is organized a	nd must remain the prope
of that committee. Assets may be disposed o				
*An asset is defined as any one item that has a cost/value of \$1,000 or more at the time of	s a useful life of acquisition.	more than one year, would be	depreciable in a normal bu	siness environment, and h
Signed under the penalties of perjury:		Sig	ened under the penalties of p	perjury:
organica uniter line permittees of perjuly.	1	J.		(2)
2/1-1	46	2-5-07	1h. 2	12-3
Candidate signature Date		Tr	pasurer signature	Date
, ,			(4	
Attach additional sheets, if necessary,	to disclose all	assets acquired or dispos	sed of in a reporting per	riod.

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	
		Line 16:	In-kind \$50 and under	. /
	Enter on page 1, line 6	Line 17:	Total In-kind	WIA

^{*} 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
2001	Jotu GANNON	93 Heavy Aver	L GGAC	1000,00
2005	RICHARD HANDOWC	147 Wannson CAMBINA	LOAN TO COMMETILL	1600,00
2006	Returnson	187 webson CARB,MA	Low to computer	2000.00
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	4600.0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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