



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

CITY OF CAMBRIDGE
ELECTION COMMISSION

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date: P 3:05

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="2669.39"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="3335.20"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="6004.59"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="5798.14"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="206.45"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="6595.54"/>
Line 8: Name of bank(s) used:	<input type="text" value="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: (Treasurer's signature) Date:

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: (Candidate's signature) 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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

SEE ATTACHED

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL 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.

Date	First Name	Last Name	Address	City	State	Zip	Occupation	Employer	
10/28/2015	Michael	Daniluk	30 Griswold St.	Cambridge	Ma	02138			\$ 100.00
10/28/2015	Carpenters Local Union 40		10 Holworthy Str	Cambridge	Ma	02138	Union		\$ 500.00
10/29/2015	Mark	Roopenian	45 Harness Lane	Sudbury	Ma	01776	Selectman	Town of Sudbury	\$ 1,000.00
11/1/2015	Janet	Moses	1 Anchor Cir. Apt	Jamaica Plain	Ma	02130			\$ 50.00
11/1/2015	Brian	Burke	18 Francis Ave	Cambridge	Ma	02138	Executive	Microsoft	\$ 485.20
11/3/2015	Sean	Hope	131 Erie Street	Cambridge	Ma	02139	Attorney	Self employed	\$ 200.00
11/3/2015	Bridge and Structural Workers		195 Old Colony	South Boston	Ma	02127	Union		\$ 500.00
11/3/2015	Peter	Plantedosi	PO Box 45251	Somerville	Ma	02145	Proprietor	PJ's Auto Sales	\$ 500.00
									\$ 3,335.20

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

NOT ATTACHED

Line 12: Total Expenditures over \$50 (or listed above)	
Line 13: Total Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD	

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				

SEE ATTACHED

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.

Date	To Whom Paid	Address	City	State	Zip	Purpose	Amounts
11/4/2015	CINDERELLA'S	901 Main Street	Cambridge	Ma	02139	food for volunteers	\$40.38
12/31/2015	Citizenz Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	banking fees	\$2.00
11/30/2015	Citizenz Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	banking fees	\$2.00
11/9/2015	Citizenz Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	banking fees	\$3.00
11/2/2015	Citizenz Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	banking fees	\$3.00
10/30/2015	Citizenz Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	banking fees	\$2.00
11/9/2015	CITY PAINT AND SUPPLIES	1149 Cambridge Street	Cambridge	Ma	02139	supplies	\$19.32
11/3/2015	CVS	624 Massachusetts Avenue	Cambridge	Ma	02139	supplies	\$10.34
11/2/2015	CVS	624 Massachusetts Avenue	Cambridge	Ma	02139	supplies	\$25.49
11/2/2015	CVS	624 Massachusetts Avenue	Cambridge	Ma	02139	supplies	\$12.01
11/2/2015	CVS	624 Massachusetts Avenue	Cambridge	Ma	02139	supplies	\$9.46
12/1/2015	Facebook	Online retailer				facebook ad	\$4.67
11/4/2015	Facebook	Online retailer				facebook ad	\$50.38
11/3/2015	Facebook	Online retailer				facebook ad	\$25.19
11/4/2015	FedEx Office	1 Mifflin Place	Cambridge	Ma	02138	copying	\$26.55
11/4/2015	FedEx Office	1 Mifflin Place	Cambridge	Ma	02138	copying	\$58.68
12/31/2015	Greenier Print Shop	3702 Washington Street	Jamaica Plain	MA	02130	Printing	3929.71
11/30/2015	HOOTSUITE MEDIA	Online retailer				social media management	\$15.93
11/23/2015	MCDONALD'S	463 Massachusetts Avenue	Cambridge	Ma	02139	food for volunteers	\$15.68
12/22/2015	Moacir Barbosa	34 Pine Street	Cambridge	Ma	02139	reimbursement	\$240.00
11/20/2015	Moacir Barbosa	34 Pine Street	Cambridge	Ma	02139	reimbursement	\$40.00
11/9/2015	Moacir Barbosa	34 Pine Street	Cambridge	Ma	02139	reimbursement	\$43.00
11/2/2015	Moacir Barbosa	34 Pine Street	Cambridge	Ma	02139	reimbursement	\$203.00
12/23/2015	Papyrus	800 Boylston Street	Boston	Ma	02116	supplies	\$120.79
11/19/2015	PILL HARDWARE	743 Massachusetts Avenue	Cambridge	Ma	02139	supplies	\$13.80
11/2/2015	PILL HARDWARE	743 Massachusetts Avenue	Cambridge	Ma	02139	supplies	\$12.73
11/2/2015	Premier	4805 Woodview Avenue	Austin	Tx	78756	robo call services	\$125.00
11/2/2015	Premier	4805 Woodview Avenue	Austin	Tx	78756	robo call services	\$375.00
10/29/2015	ROYAL SONESTA	40 Edwin Land Boulevard	Cambridge	Ma	02142	event parking	\$12.00
11/19/2015	Step by Step Cab	55 Mortrrose Street	Somerville	Ma	02143	transportation	\$16.00
10/29/2015	T Mobile	676 Massachusetts Avenue	Cambridge	Ma	02139	telephone	\$37.19
11/5/2015	TAVERN IN THE SQUARE	730 Mass Ave	Cambridge	Ma	02139	food for volunteers	\$18.64
11/5/2015	TAVERN IN THE SQUARE	730 Mass Ave	Cambridge	Ma	02139	food for volunteers	\$37.23
11/23/2015	Uber Technologies	Online retailer				transportation	\$28.37
11/20/2015	Uber Technologies	Online retailer				transportation	\$29.81
11/12/2015	Uber Technologies	Online retailer				transportation	\$46.39
11/9/2015	Uber Technologies	Online retailer				transportation	\$87.13
11/4/2015	Uber Technologies	Online retailer				transportation	\$17.47
11/4/2015	Uber Technologies	Online retailer				transportation	\$10.86
11/2/2015	Uber Technologies	Online retailer				transportation	\$27.94
						total	\$5,798.14

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

* 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
11/7/2005	Richard Harding	187 Windsor Street, Cambridge, Ma 02139	loan to Campaign	3,964.54
11/6/2007	Richard Harding	187 Windsor Street, Cambridge, Ma 02139	loan to Campaign	1,681
11/8/2013	Richard Harding	187 Windsor Street, Cambridge, Ma 02139	loan to Campaign	800
3/18/2013	Richard Harding	187 Windsor Street, Cambridge, Ma 02139	loan to Campaign	150
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	6,595.54



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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

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: <input style="width: 90%;" type="text" value="11/2/15"/>
Name of Individual Being Reimbursed: <input style="width: 95%;" type="text" value="MARCIA BARBOSA"/>	
Committee Name: <input style="width: 95%;" type="text" value="CTE RECREATION"/>	
CPF ID Number (if applicable): <input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 200px;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/2	CVS	624 MASS AVE CAMBRIDGE, MA	STAMPS GOV Supplies	98 ⁰⁰
11/2	CVS	624 MASS AVE CAMBRIDGE, MA	GOV Supplies	65
11/2	CVS	624 MASS AVE CAMBRIDGE, MA	GOV Supplies	40

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 95%;" type="text"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 95%;" type="text"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 95%;" type="text" value="203<sup>00</sup>"/>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

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

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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/9	CVS	400 TRINIDAD ST ROSLINDEN, MA	SUPPLIES	43 ⁰⁰

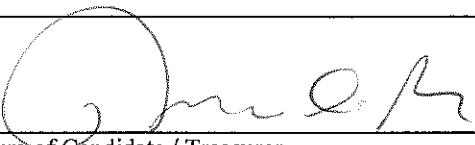
(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:



 Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

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

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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/20	CVS	400 TREMONT ST. BOSTON, MA	SUPPLIES	40 ⁰⁰

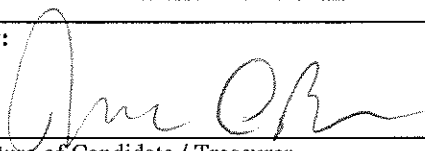
(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:



 Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

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

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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

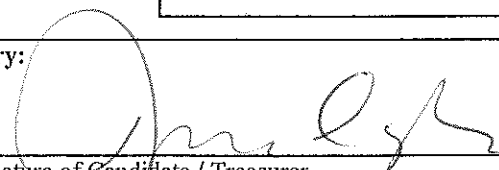
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
12/22	USPS	FIVE ROBERT STREET BOSTON, MA	STAMPS	98 ⁰⁰
12/22	CVS	400 TREMONT ST BOSTON MA	SUPPLIES, STAMPS	62 ⁰⁰
12/22	CVS	400 TREMONT ST BOSTON, MA	SUPPLIES, STAMPS	80 ⁰⁰

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: **TOTAL AMOUNT REIMBURSED:**

Signed under the penalties of perjury: 

Date:

Signature of Candidate / Treasurer

Please prepare a separate report for each reimbursement check issued by the committee.