



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY OF CAMBRIDGE
ELECTION COMMISSION

2017 JAN 23 P 7:49

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2016 Ending Date: 12/31/2016

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

RICHARD HARDEG
Candidate Full Name (if applicable)
CAMBROGG SCHOOL COMMITTEE
Office Sought and District
189 WINDSOR ST CAMB, MA 02139
Residential Address
E-mail: SCHOOLS02139@YAHOO.COM
Phone # (optional): _____

~~MOACBR BARBOSA~~ CTE. RICHARD HARDEG
Committee Name
MOACBR BARBOSA
Name of Committee Treasurer
189 WINDSOR ST. CAMB, MA 02139
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>206.45</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2620.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2826.45</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1049.43</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1775.02</u>
Line 6: Total in-kind contributions this period (page 6)	<u>—</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>6595.54</u>
Line 8: Name of bank(s) used:	<u>CITIZENS BANK</u>

1777.02 MB

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: 1/20/17

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: 1/20/17

Date	First Name	Last Name	Address	City	State	Zip	Occupation	Employer	Amount
10/16/2016	Benjamin	Barnes	125 Spruce Street	Watertown	Ma	02472			80
10/16/2016	John	Clifford	55 Aberdeen Ave	Cambridge	Ma	02138			125
10/15/2016	Ruby	Donohue	27 Cedar Street	Cambridge	Ma	02140			100
10/25/2016	Darien	Forte	30 Donnybrook Rd.	Brighton	Ma	02135			300
12/19/2016	Anthony	Gallucio	7 Trowbridge Pl	Cambridge	Ma	02138	Attorney	self employed	500
11/11/2016	Dorothy	Giacobbe	7 Van Norden Street	Cambridge	Ma	02140			100
10/16/2016	Patricia	Glynn	55 Aberdeen Ave	Cambridge	Ma	02138			125
10/16/2016	Donald	Harding	181 Windsor St	Cambridge	Ma	02139			150
10/16/2016	Lloyd Sheldon	Johnson	148 River Street	Cambridge	Ma	02139			100
10/16/2016	William	Luzier	26 Riverdale St.	Allston	Ma	02134			150
10/16/2016	Al	Platt	20 Crispus Attucks Place	Roxbury	Ma	02119			100
10/29/2016	William	Powell	11 Florence St. Apt. 1	Cambridge	Ma	02139			50
10/16/2016	Kenneth	Reeves	340 Harvard Street	Cambridge	Ma	02139	Fellow	MIT	250
10/15/2016	Stephen	Sillari	91 Park Ave	Cambridge	Ma	02138	Analyst	Cambridge Associates	250
10/16/2016	Artis	Spears	124 Western Ave	Cambridge	Ma	02139	Mortician	self employed	200
10/16/2016	Daniel	Thomas	23 Chilcott Place	Boston	Ma	02130			40

Less than \$50 (unlisted)

total

2620

* Denotes a letter sent has been sent to the address requesting the missing information.

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
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.

Date	First Name	Address	City	State	Zip	Purpose	Amount
11/2/2016	Christian Calderoni	Benefit				Benefit	\$50.00
9/28/2016	Citizens Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	Bank fee	\$3.00
12/30/2016	Citizens Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	Bank fee	\$2.00
11/30/2016	Citizens Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	Bank fee	\$2.00
10/31/2016	Citizens Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	Bank fee	\$2.00
9/30/2016	Citizens Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	Bank fee	\$2.00
8/31/2016	Citizens Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	Bank fee	\$2.00
7/29/2016	Citizens Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	Bank fee	\$2.00
6/30/2016	Citizens Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	Bank fee	\$2.00
5/31/2016	Citizens Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	Bank fee	\$2.00
4/29/2016	Citizens Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	Bank fee	\$2.00
3/31/2016	Citizens Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	Bank fee	\$2.00
2/29/2016	Citizens Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	Bank fee	\$2.00
1/29/2016	Citizens Bank	689 Massachusetts Avenue	Cambridge	Ma	02139	Bank fee	\$2.00
10/12/2016	CVS Pharmacy	624 Massachusetts Avenue	Cambridge	Ma	02139	Supplies	\$75.20
10/11/2016	FedExOffice	1 Mifflin Place	Cambridge	Ma	02138	copies, printing	\$141.56
12/7/2016	Harvard Coop Bookstore	1400 Massachusetts Avenue	Cambridge	Ma	02138	supplies	\$130.78
9/28/2016	Moacir Barbosa	34 Pine Street	Cambridge	Ma	02139	Reimbursement	\$103.00
10/18/2016	Tavern in the Square	730 Massachusetts Avenue	Cambridge	Ma	02139	Event food	\$241.53
11/14/2016	TMobile	676 Massachusetts Avenue	Cambridge	Ma	02139	Communications	\$53.13
12/12/2016	TMobile	676 Massachusetts Avenue	Cambridge	Ma	02139	Communications	\$53.13
7/13/2016	UBER	Online retailer				Transportation	\$6.80
7/13/2016	UBER	Online retailer				Transportation	\$7.44
7/22/2016	UBER	Online retailer				Transportation	\$18.88
7/14/2016	UBER	Online retailer				Transportation	\$7.27
1/4/2016	UBER	Online retailer				Transportation	\$7.76
1/4/2016	UBER	Online retailer				Transportation	\$9.52
10/28/2016	UBER	Online retailer				Transportation	\$7.52
10/7/2016	UBER	Online retailer				Transportation	\$14.91
12/12/2016	USPS	Central Square Brank	Cambridge	Ma	02139	Stamps	\$94.00
						Total	1049.43

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
11/7/05	RICHARD HARDING	167 WINDSOR ST. CAMBRIDGE, MA 02142	LOAN TO CAMPAIGN	3964.54
11/6/07	RECHARD HARDING	187 WINDSOR ST. CAMBRIDGE, MA 02139	LOAN TO CAMPAIGN	1681.00
11/8/13	RECHARD HARDING	187 WINDSOR ST. CAMBRIDGE, MA 02139	LOAN TO CAMPAIGN	800.00
3/18/13	RICHARD HARDING	187 WINDSOR ST CAMBRIDGE, MA 02139	LOAN TO CAMPAIGN	150.00

Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	6545.54
---------------------------	---	---------



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
9/28	CVS	624 MASS AVE CAMBRIDGE MA 02142	STAMPS	98.00
9/28	CVS	624 MASS AVE CAMBRIDGE MA 02142	SUPPLIES	5.00

(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.