

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

The State of the S					
Commonwealth of Massachusetts	2/7//23 File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date:	1/23 Ending Date: C12/31/23 Ending Date: ELECTION COMMISSION				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	☐ 30 day after election				
Richard Harding	Committee to Elect Richard Harding				
Candidate Full Name (if applicable) Cambridge School Committee	Committee Name Moacir Barbosa				
Office Sought and District	Name of Committee Treasurer				
189 Windsor Street, Cambridge, Ma 02139 Residential Address	PO Box 390304, Cambridge, Ma 02139 Committee Mailing Address				
E-mail: schools02139@yahoo.com	E-mail: mobarbosa44@gmail.com				
Phone #:	Phone # :				
SUMMARY BALANCE INFORMATION:					
Side Sectional Andrew Control (Section Section Control (Section Section Control (Section Section Secti	The Control of the Co				
Line 1: Ending Balance from previous report	7,309.97				
Line 2: Total receipts this period (page 3, line 12)					
Line 3: Subtotal (line 1 plus line 2)					
Line 4: Total expenditures this period (page 5, line 15)					
Line 5: Ending Balance (line 3 minus line 4)					
Line 6: Total in-kind contributions this period (page 6, line 18) 253.44					
Line 7: Total (all) outstanding liabilities (page 7, line 19	9) 6595.54				
Line 8: Total out-of-pocket expenses this period (page 8	s, line 22) 0				
Line 9: 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: (Treasurer's signature) Date: 1/22/24					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	s only)				
	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.				
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the beginning finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the				

SCHEDULE A: RECEIPTS

vI.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar rear. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of 350 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

1ttach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

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

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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			*
Line 10: Total Recei	pts over \$50 (or listed above)	3,000.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Recei	pts \$50 and under (not listed above)		should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD	3,000.00	← Enter on page 1, line 2

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Date	First Name	Last Name	Address	City	State Zip	Zip	Amount	Occupation	employer
12/4/2023 Ronald	Ronald	Layne	660 East Street	Brockton	MΑ	02302	100.00		
12/4/2023	12/4/2023 mahmood	firouzbakht	firouzbakht 7 Crescent Street 23	cambridge	МА	02138	250.00	250.00 real estate	self employed
12/4/2023	12/4/2023 Anthony D	Galluccio	7 trowbridge Place	Cambridge	МА	02138	150.00		
12/4/2023 James	James	Pierre	69 Columbia Street	Cambridge	MA	02139	100.00	54	
11/1/2023 Michael	Michael	Costello	50 Congress St. Suite 420	Boston	МА	02109	200.00	200.00 attorney	Smith, Costello, Crawford
11/1/2023 James	James	Smith	One State Street, 15th floor	Boston	Ма	02109	200.00	200.00 attorney	Smith, Costello, Crawford
11/1/2023 Jennifer	Jennifer	Crawford	One State Street, 15th floor	Boston	Ма	02109	200.00	200.00 attorney	Smith, Costello, Crawford
11/1/2023 Carlo	Carlo	Basile	50 Congress St. #420	Boston	Ма	02109	200.00	200.00 attorney	Smith, Costello, Crawford
11/3/2023 Elsie	Elsie	Scott	448 Coronation Drive	Franklin	Ma	02038	100.00		
11/4/2023 Barbara	Barbara	Brammer	41 Sargent St.	Cambridge	Ма	02140	100.00		
11/4/2023 Joseph	Joseph	Sater	472 Mass Ave	Cambridge	Ма	02139	200.00 owner	owner	Middle East
11/4/2023 Nabil	Nabil	Sater	472 Mass Ave	Cambridge	Ma	02139	200.00 ower	ower	Middle East
11/4/2023	11/4/2023 Samantha	Morrison	3 Blackston Street, Unit 3	Cambridge	Ма	02139	250.00	250.00 manager	Harvard University
12/3/2023 Dorothy	Dorothy	Giacobbe	7 Van Norden Street	Cambridge	Ма	02140	100.00		
12/3/2023 Roger F.	Roger F.	O'Sullivan	1105 Massachusetts Ave 9F	Cambridge	Ma	02138	50.00		
12/3/2023 Denise	Denise	Green	1 Newtowne Ct. #7	Cambridge	Ма	02139	100.00	7	
12/3/2023 Artis	Artis	Spears	124 Western Ave	Cambridge	Ма	02139	500.00 owner	owner	Spears Funeral Home

0.00 3,000.00 Total receipts in the period Total receipts over \$50 Total receipts over \$50

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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	l	AF		
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* If you have and under. inc	itemized expenditures of \$50 lude them in line 13. Line 14	Line 13: Expenditures over \$50 (or listed above)	7,293.71
should include	e only those expenditures not itemized above.	Line 14: Expenditures \$50 and u	nder (not listed above)	0
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDITU	RES IN THE PERIOD	7.293.71

Date To whom	Address	City	State Zip	Zip	Purpose	Amount
12/4/2023 ACT Blue	PO Box 441146	Somerville	Ma	02144 fee	fee	9.88
12/4/2023 ACT Blue	PO Box 441146	Somerville	Ma	02144 fee	fee	5.93
12/4/2023 ACT Blue	PO Box 441146	Somerville	Ma	02144 fee	fee	3.95
12/22/2023 Barnes and Noble	98 Middlesex Turnpike	Burlington	Ma	01803 Cards	Cards	174.14
11/6/2023 blick	619 Massachusetts Ave	Cambridge	Ma	02139	02139 Supplies	4.56
11/8/2023 Citizens	689 Massachusetts Ave	Cambridge	Ma	02139	02139 Returned check	200.00
11/8/2023 Citizens	689 Massachusetts Ave	Cambridge	Ma	02139	02139 Returned Check fee	20.00
11/1/2023 Connolly Printing	17 B Gill Street	Woburn	Ma	01801	01801 printing	4,954.81
11/6/2023 cvs	624 Massachusetts Ave	Cambridge	Ma	02139	02139 Supplies	21.24
11/14/2023 Dennis Newman	580 Pearl Street	Reading	Ma	01867	01867 Lawyer	750.00
11/13/2023 Eduino Pires	5 Kelsey Drive	Stoughton	Ma	02072	Cleaning Service	300.00
11/3/2023 Pill hardware	743 Massachusetts Ave	Cambridge	Ma	02139	02139 Supplies	35.03
11/8/2023 River street Grill	73 River Street	Boston	Ma	02126	02126 Food/refreshments	161.57
11/3/2023 Staples	1 Washington Street	Boston	Ma	02108	02108 Supplies	45.67
12/26/2023 staples	163 Highland Ave	Needham	Ma	02494	02494 Supplies	39.30
11/6/2023 Staples	163 Highland Ave	Needham	Ma	02494	02494 Supplies	80.69
11/8/2023 Supreme Liquors	600 Massachusetts Ave	Cambridge	Ma	02139	02139 Food/refreshments	191.26
11/6/2023 target	564 Massachusetts Ave	Cambridge	Ma	02139	02139 Supplies	97.68
12/26/2023 US Post Office	25 Dorchester Ave	Boston	Ma	02105	02105 Stamps	198.00

Total expenditures over \$50 total expenditures under \$50 **Total Expendit total**

\$ 7,293.71

7,293.71

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

Date Received	or committee name and a-page number o From Whom Received*		Description of the state of the	W 7 P
10/26/23	Our Revolution Cambridge Political Action Committee	Residential Address	Palm Card Printing	253.44
			and Mailing	
# If you have !	tomicrodic bind and it was 6			050 44
\$50 and under,	temized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions over		253.44
snoula includ	de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTR	IBUTIONS IN THE PERIOD	253.44

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
11/7/2005	Richard Harding	189 Windsor Street, Cambridge, Ma 02139	Loan to Campaign	3,964.54
11/6/2007	Richard Harding	189 Windsor Street, Cambridge, Ma 02139	Loan to Campaign	1,681.00
11/8/2013	Richard Harding	189 Windsor Street, Cambridge, Ma 02139	Loan to Campaign	800.00
3/18/2013	Richard Harding	189 Windsor Street, Cambridge, Ma 02139	Loan to Campaign	150.00
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	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	ING LIABILITIES (ALL)	6,595.54

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
(or listed above)	ad Out-Of-Pocket Expenditures Over \$50 aized Out-Of-Pocket Expenditures \$50 and e)		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
		0	← Enter on page 1, line 8 Page 8