

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF CAMBRIDGE ELECTION COMMISSION

Fill in Reporting Period Cate 22 Beginning Pate: 101615 Ending Date: 123115							
Type of Report: (Check one) Bth day preceding preliminary 8th day preceding election 30 day after election Vear-end report dissolution							
FRAN Cronin Candidate Full Name (if applicable) Candidate Full Name (if applicable) Committee Name							
School Connittee Cantonidae Adan I. Monauher Office Sought and District Name of Committee Treasurer							
1 Kinhau Lane, Canbridge 62140 Kinhau Lane, Canbridge 62147 Residential Address Committee Mailing Address							
Telephone Number (optional): Telephone Number (optional):							
SUMMARY BALANCE INFORMATION:							
Line 1: Ending Balance from previous report							
Line 2: Total receipts this period (page 3, line 11)							
Line 3: Subtotal (line 1 plus line 2) 8,983,26							
Line 4: Total expenditures this period (page 5, line 14) 5,887.96							
Line 5: Ending Balance (line 3 minus line 4) 3,695.36							
Line 6: Total in-kind contributions this period (page 6)							
Line 7: Total (all) outstanding liabilities (page 7)							
Line 8: Name of bank(s) used: Leaden 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: Committee Treasurer Committee Committee							
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 financity, 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:							

Schedule A:RECEIPTS end of year report

		\$1,975.00	Total Receipts this period	- And the state of
ActBlue		\$100.00	1010 Waltham St., Lexington, MA 02421	12/4/15 Weckstein, Muriel
per.check		\$75.00	28 Prentiss St., Cambridge 02138	11/2/15 Payette, Jennifer
ActBlue		\$75.00	115 Willow Ave, Somerville MA 02144	11/2/15 Moore, Pamela
per.check		\$100.00	7 Lincoln Lane, Cambridge 02138	11/2/15 Kaneb, Lisa
ActBlue		\$25.00	24A Bradbury St., Cambridge 02138	11/2/15 Jones, Jennifer
ActBlue		\$100.00	18 Canal St., Cambridge 02138	11/2/15 Hobbs, Cela
per.check		\$50.00	69 Standish St., Cambridge 02138	10/22/15 Gianakos, Elizabeth
per.check	retired	\$250.00	Cambridge 02138	10/25/15 Griffin, Paul
per.check		\$50.00	39 Kelley St., Cambridge 02138	11/1/15 Gervens, Lynn
per.check		\$100.00	117 Preston St., Cambridge 02140	10/22/15 Fischer, Joanna
per.check	retired	\$300.00	140 Larch Rd., Cambridge 02138	11/2/15 Davis, Catherine
per.check	health care business	\$200.00	5 A Lancaster St., Cambridge 02140	10/22/15 Cruickshank, Ronald
per.check		\$50.00	100 Memorial Dr., Cambridge 02142	10/22/15 Collins, Susanne
ActBlue	homemaker	\$500.00	20 Coolidge Ave, Cambridge 02138	10/22/15 Bauer, Joanne
	Occupation & Employer	Amount	Address	Date Received Name

	under \$50 expense total	Royco Mailing Service	Potter's Printing Potter's Printing Potter's Printing	Lightning Design	Daniel Slavin Daniel Slavin	Adam Manacher	ActBlue ActBlue ActBlue	To Whom Paid D
		10/23/15	10/25/15 10/31/15 11/18/15	10/31/15	11/6/15 11/6/15	1/8/16	10/25/15 11/1/15 12/6/15	Date Paid
		39 Concord St. North Reading, MA	56 Creighton, Cambridge 56 Creighton, Cambridge 56 Creighton, Cambridge	175 Richdale Ave, Cambridge	109 Windsor st. #1, Cambridge 02139 109 Windsor st. #1, Cambridge 02139	48B Dana St., Cambridge MA		Address
		Mailing Service	Postcard Yard signs DoorHangers	DoorHangers	campaign manager campaign materials	campaign aid	fee fee fee	Purpose
\$5,887.90	\$266.00	\$2,156.00	\$300.00 \$174.96 \$567.26	\$125.00	\$1,650.00 \$323.00	\$300.00	\$19.75 \$1.98 \$3.95	Amount
		ch # 1058	ch # 1057 ch # 1060 ch # 1064	ch # 1061	ch # 1063 ch # 1062	ch # 1065	ActBlue Withheld ActBlue Withheld ActBlue Withheld	Form of Payment

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
		,		
<u>.</u>		Line 15: In-Kind Contributions		
		Line 16: In-Kind Contributions		
	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.

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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
			,	
	1			
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The state of the s				
7	·			
,	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	