

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance ELECTION CHARLES IN

Commonwealth	LECTION COMPLETE				THE OF CAMBRIDS	E	
of Massachusetts	ren on D lt:	57		Ç. File	with: City or Town Clerk or	Election Commission	
of Massachusetts Fill in Reporting Perio	od dates: Begin	ning Date: Oct 2	29, 2013	Ending Dat			
Type of Report: (Che		· · · · · · · · · · · · · · · · · · ·					
8th day preceding prel	iminary 🔲 8th day p	receding election	☐ 30 day	after election	year-end report	dissolution	,
Richard Harding			Commi	tee to Elect Richar	d Harding		
	date Full Name (if applicable)				Committee Name		
Cambridge School Comm	ittee	<i>u</i> -	Moacir	Barbosa			
C	Office Sought and District			Name	of Committee Treasurer		
189 Windsor Street, Cam			34 Pine	Street, Cambridge			
·	Residential Address			Г	mittee Mailing Address	,	
Telephone Number (optional):			Telephone	Number (optional):			
	SUMN	ARY BALANC	CE INFO	RMATION:			
Line 1:	Ending Balance from p	orevious report			3,001.72		
Line 2:	Total receipts this perio	od (page 3, line 11))		1,330		
Line 3: Subtotal (line 1 plus line 2) 47152-72 4733							મમાપ પ્ર
Line 4:	Line 4: Total expenditures this period (page 5, line 14) 4,008.18						
Line 5:	Ending Balance (line 3	minus line 4)			323.54		
Line 6:	Total in-kind contribut	ions this period (pa	age 6)				
Line 7:	Total (all) outstanding	liabilities (page 7))		6,595.54		
Line 8:	Name of bank(s) used:	Citizens Bank					
							1
Affidavit of Committee Treasu I certify that I have examined the activity, including all contribution finance activity of all persons activities acti	is report including attached schons, loans, receipts, expenditure sting under the authority or on b	s, disbursements, in-kind	contributions	and liabilities for this re	eporting period and represents M.G.L. c. 55.	ampaign finance the campaign 14, 2014	
FOR CANDIDATE FIL	INGS ONLY: Affidavit of	of Candidate: (check 1 b	ox only)				and the state of t
I certify that I have examine activity, of all persons actin	ee and no activity independented this report including attached gunder the authority or on beh made any expenditures on my be	d schedules and it is, to the alf of this committee in a	ccordance wit	nowledge and belief, a n the requirements of M	true and complete statement of .G.L. c. 55. I have not receive	all campaign finance dany contributions,	
I certify that I have examine	nittee <u>OR</u> Candidate with indeed this report including attached contributions, loans, receipts, expf all persons acting under the a	d schedules and it is, to the ependitures, disbursement	ne best of my k ts, in-kind con	nowledge and belief, a tributions and liabilities	for this reporting period and re	fall campaign epresents the	
Signed under the penalties of p	perjury: Kill	und Han	ul	(Candidate's s	ignature) Date: Feb	14, 2014	

11/4/2013 Citizens bank credit from previous deposit	11/4/2013 Stephen	10/30/2013 Nancy	10/29/2013 Charles	11/4/2013 Kimathy	11/1/2013 Susan	11/6/2013 David	Date Fname
k credit from pr	Sillari	Seymour	Ogletree	Foster	Fleischman	Dubois	Last Name
evious deposit	91 Park Ave	170 Harvard Street	54 Pemberston Street	23 Jay Street	5 Saint Mary Road #	1330 Boylston Street, A Boston	Address
Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	A Boston	City
Ma	Ma	Ma	Ma	Ma	Ma	Ma	State Zip
02139	02138	02139	02140	02139	02139	02215	A
100.00	250.00 Prog. Manager	25.00	250.00 Professor	50.00	25.00	250.00 Restauranter	Amount Occupation
	CA technologies		Harvard			Franklin Group	Employer

Total

1330.00

under \$50 total

380.00

2014 MAR 13 P 4: 10

CITY OF CAMBRIBGE ELECTION COMMISSION

12/30/2013	11/6/2013	11/4/2013	11/4/2013	11/12/2013	11/18/2013	11/6/2013	11/6/2013	11/6/2013	11/6/2013	12/6/2013	11/7/2013	11/6/2013	12/31/2013	12/31/2013	11/29/2013	11/7/2013	12/23/2013	Date
US Post Office	SUBWAY	Premiere Polical Communications	Premiere Polical Communications	Moacir Barbosa	Grenier Print Shop	FedEXKinkos	FedEXKinkos	FedEXKinkos	FedEXKinkos	EXTRA SPACE	Dunkin Donuts	CVS Pharmacy	Citizens Bank	Citizens Bank	Citizens Bank	Cambridge Rindge Latin Hall of Fame	BARNES & NOBLE	Name
25 Dorchester Ave	4 Central Square	4805 Woodview Avenue	4805 Woodview Avenue	34 Pine Street	3702 Washington Street	1 Mifflin Place	1 Mifflin Place	1 Mifflin Place	1 Mifflin Place	14 McGrath Hwy	616 Massachusetts Avenue	624 Massachusetts Avenue	Central Square Branch	Central Square Branch	Central Square Branch	459 Broadway	444 Broadway	Address
Boston	Cambridge	Austin	Austin	Cambridge	Jamaica Plain	Cambridge	Cambridge	Cambridge	Cambridge	Somerville	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Saugus	City
Ma	≦ ≦	; ₹	컺	Ma	Ma	Ma	Ma	Ma	Ma	Ma	Ma	Ma	Ma	Ma	Ma	Ma	Ma	State
02205 postage	02139 E-Day lunch	78756	78756	02139 reimbursement	02130 printing	02138 copies, etc	02138	02138	02138	02141 Lock	02139 E-Day breakfast	02139	02139 banking fees	02139 banking fees	02139 banking fees	02138 Event ticket	01906 Holiday cards	Zip Purpose
\$55.20	\$90.42 \$62.00	\$23.97	\$102.09	\$600.00	\$2,627.39	\$154.15	\$28.11	\$12.52	\$1.48	\$8.49	\$69.09	\$40.08	\$9.99	\$2.00	\$2.00	\$55.00	\$64.20	

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
				HORRESHELD
				Maryiro
				yprav-pos
				NOVOVOO
·				
				·
			(
	,	Line 15: In-Kind Contributions	s 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 C	ONTRIBUTIONS	

^{*} 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				
11/7/65	Ranual Hadaz	197. Wenner St. CAMB. MAG2188	Long to Conform	3,964.54				
11/6/07	Rochal Hadry	(, Zr	Loon to Compagn	1,6 81,00				
11/8/11	Roomed Hrosoley	4 1	Loan to Company	800,00				
3/18/73	Remind Handry	u 17	Low to Conjun,	150.00				
			·					
			·					
			·					
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)								



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: 11-12-13									
Name of Individual Being Reimbursed: Moscon Burkela									
Committee Name: Committee to Ever Recitary Harague									
CPF ID Number (if applicable): Telephone Number (optional):									
ITEMIZE EXPENDITURES IN EXCESS OF \$50									
Date Paid	Vendor Name		Vendor Address	Purpose of Expenditure	Amount				
2/11/13	GITAN SAME GORMA		14 McGruth Hay SOMENOTIE MA	STENAGE	105 au				
8/01/13	V)	1/	. 6314	STORACE	[0500				
9/11/13	ા	<i>')</i>	પ ″	Stonage	11000				
tolu/13	И	1)	٠	STORAGE	No"°				
11 /9/13	CVS, Pall		u	Supplies					
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above): 430.40									
Line 2: Expenditures \$50 or under (not itemized):									
Line 3: TOTAL AMOUNT REIMBURSED:									
Signed under the penalties of perjury: Date: 214/14									