

# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

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of Massachus	setts		2025 OCT 27 PM 4: 47 File with: City or Town Clerk or Election Commission		
Fill in Re	eporting Period dates:	Beginning Date:	1/1/2025 Ending Date TY 10/17/2025 IDGE ELECTION COMMISSION		
Type of I	Report: (Check one)	w			
☐ 8th day	preceding preliminary	8th day preceding electi	etion 30 day after election gear-end report dissolution		
166 Auk	Bejnood  Candidate Full Name (if Committee, Cambridge  Office Sought and I Durn St Apt B Cambridg  Residential Addr  orzforcambridge@gma	District ge, MA 02139	Alborz Bejnood for School Committee  Committee Name Livia Qoshe  Name of Committee Treasurer  166 Auburn St Apt B Cambridge, MA 02139  Committee Mailing Address  E-mail: alborzforcambridge@gmail.com  Phone #:		
		SUMMARY BALA	LANCE INFORMATION:		
	Line 1: Ending Balance  Line 2: Total receipts th  Line 3: Subtotal (line 1)  Line 4: Total expenditur  Line 5: Ending Balance  Line 6: Total in-kind con  Line 7: Total (all) outsta  Line 8: Total out-of-pock  Line 9: Name of bank(s)	from previous report is period (page 3, line 12) plus line 2) res this period (page 5, line (line 3 minus line 4) ntributions this period (page 1, line liabilities (page 2, line liabilities (page 3, l	0		
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 of 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:  10/26/25  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
Candidate with 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 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 best of my knowledge and belief, a true and complete statement of all campaign					
finance ac	ctivity, including contributions, loans,	receipts, expenditures, disburse	rs, to the best of my knowledge and benef, a true and complete statement of an eampaign rsements, in-kind contributions and liabilities for this reporting period and represents the alf of this candidate in accordance with the requirements of M.G.L. c. 55.  Date: 10/16/15		
igned under the penalties of perjury: (Candidate's signature)					

### **SCHEDULE A: RECEIPTS**

M.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 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. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

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	Name and Residential Address	A	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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<b>L</b>			
Line 10: Total Receipts over \$50 (or listed above)			* If you have itemized receipts of \$50 and
Line 11: Total Recei	pts \$50 and under (not listed above)	0	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

### **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 E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	To Whom Paid			
Date 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
and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		0
		Line 14: Expenditures \$50 and under (not listed above)		0
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDITU	URES IN THE PERIOD	0

### 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	From Whom Received*	Residential Address	Description of Contribution	Value
	·			
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		0
should include 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 CONTRIBUTIONS IN THE PERIOD		0

# **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
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	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0

# 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
Line 20: Total Itemize (or listed above)	d Out-Of-Pocket Expenditures Over \$50	0	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
	nized Out-Of-Pocket Expenditures \$50 and e)	0	should include only those expenditures not itemized above.
		0	← Enter on page 1, line 8