



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2026 JAN 28 AM 11:47

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

10/18/2025

Ending Date:

12/31/2025

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

Caroline Hunter

Candidate Full Name (if applicable)

Cambridge School Committee

Office Sought and District

23 Rockwell Street, Cambridge, MA, 02139

Residential Address

E-mail: vote4carolinehunter@gmail.com

Phone #: 617-299-9597

Committee to Elect Caroline Hunter

Committee Name

Lisette Williams

Name of Committee Treasurer

23 Rockwell Street, Cambridge, MA, 02139

Committee Mailing Address

E-mail: vote4carolinehunter@gmail.com

Phone #: 617-299-9597

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$9,948.91

Line 2: Total receipts this period (page 3, line 12)

\$701.86

Line 3: Subtotal (line 1 plus line 2)

\$10,650.77

Line 4: Total expenditures this period (page 5, line 15)

\$10,622.30

Line 5: Ending Balance (line 3 minus line 4)

\$28.47

Line 6: Total in-kind contributions this period (page 6, line 18)

\$0.00

Line 7: Total (all) outstanding liabilities (page 7, line 19)

\$0.00

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

\$0.00

Line 9: Name of bank(s) used:

Eastern 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:

*Lisette Williams*

(Treasurer's signature)

Date: 1/19/2026

### 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 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

*Caroline Hunter*

(Candidate's signature)

Date: Jan 19, 2026

M102 (12/2023)

## 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 (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/25/2025	Galluccio, Anthony 7 Trowbridge Pl Cambridge, MA 02138	\$150.00	
11/5/2025	Jackson, Aurolyn M. 3219 Courtland Ave Oakland, CA, 94619-2670	\$70.00	
10/22/2025	Spears, Artis B. 124 Western Avenue Cambridge, MA, 02139-3727	\$250.00	Co-Founder, A.J. Spears Funeral Home
10/21/2025	Spooner, Sandra 69 Parkton Rd, Apt #1 Jamaica Plain, MA 02130	\$200.00	Retired

Enter receipt totals on Page 3

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)		\$670.00	<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)		\$31.86	
Line 12: TOTAL RECEIPTS IN THE PERIOD		\$701.86	

← 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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
12/7/2025	Cactus Club	500 Boylston St, Unit 170 Boston, MA, 02116	Campaign Meal	\$80.00
12/30/2025	Caroline Hunter	23 Rockwell Street Cambridge, MA, 02139	Reimbursement for Loan to Campaign	\$961.27
10/28/2025	Connolly Printing	17B Gill Street Woburn, MA, 01801	Postcard Mailing	\$3,984.79
11/3/2025	DonorBox	1520 Belle View Blvd #4106 Alexandria, VA, 22307	Donation to Committee to Elect Jose Oliveira	\$100.00
12/23/2025	Donovan Brown	44 Fairfield Street Watertown, MA, 02472	Campaign Payroll	\$2,000
12/23/2025	FlashPrint	99 Mt Auburn St #3 Cambridge, MA 02138	Printed Thank You Cards	\$255.00
12/23/2025	Lisette Williams	PO Box 449 Oak Bluffs, MA, 02557	Campaign Payroll	\$2500.00
12/30/2025	Lisette Williams	PO Box 449 Oak Bluffs, MA, 02557	Reimbursement for Loan to Campaign	\$182.01
11/4/2025	S & S Restaurant	1334 Cambridge Street Cambridge, MA, 02139	Campaign Meal	\$59.01
11/9/2025	The Pearl Seafood Raw Bar & Grill	20B District Avenue Dorchester, MA, 02125	Campaign Meal	\$237.56
12/24/2025	USPS	770 Massachusetts Ave. Cambridge, MA, 02139	Postage for Thank You Cards	\$132.00

Enter expenditure totals on Page 5

**SCHEDULE B: EXPENDITURES (continued)**[illegible]

*\* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)

\$10,491.64

Line 14: Expenditures \$50 and under (not listed above)

**\$130.66**

**Line 15: TOTAL EXPENDITURES IN THE PERIOD**

\$10,622.30

## 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.*

[illegible]

*\* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Enter on page 1, line 6 →

**Line 16: In-Kind Contributions over \$50 (or listed above)**

**\$0.00**

**Line 17: In-Kind Contributions \$50 and under (not listed above)**

\$0.00

**Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD**

**\$0.00**

## 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
Enter on page 1, line 7 → <b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				<b>\$0.00</b>



## 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 Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		\$0.00	<i>* 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.</i>  ← Enter on page 1, line 8
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		\$0.00	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		\$0.00	

\*Schedule E is not for ballot question committee use.





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:		12/30/2025
Name of Individual Being Reimbursed:	Caroline Hunter	
Committee Name:	Committee to Elect Caroline Hunter	
CPF ID Number (if applicable):		Telephone Number (optional): 6172999597

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/28/2021	East Coast Printing	2 Keith Way Unit 5 Hingham, MA, 02043	Palm Cards	\$478.13
9/26/2022	Rock City Pizza	568 Cambridge Street Allston, MA, 02134	Volunteer Meal	\$50.83
5/8/2023	Royal East Restaurant	782 Main Street Cambridge, MA, 02139	Campaign Meal	\$93.43
9/17/2023	S & S Restaurant	1334 Cambridge Street Cambridge, MA, 02138	Campaign Meal	\$131.49
8/28/2025	Stop & Shop	225 Upper Main Street Edgartown, MA, 02539	Food & Beverages for Campaign Fundraiser	\$75.86

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$894.59
Line 2: Expenditures \$50 or under (not itemized):	\$66.68
Line 3: TOTAL AMOUNT REIMBURSED:	\$961.27

Signed under the penalties of perjury:

*Caroline Hunter / Dianna Williams*  
Signature of Candidate / Treasurer

Date: 1/19/2026

Please prepare a separate report for each reimbursement check issued by the committee.

**ITEMIZE EXPENDITURES IN EXCESS OF \$50**

<b>Date Paid</b>	<b>Vendor Name</b>	<b>Vendor Address</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>
9/9/2025	1369 Coffee House	757 Massachusetts Ave Cambridge, MA, 02139	Coffee for Campaign Supporters	\$64.85
Page 2 Total (add to Line 1 on Page 1):				\$64.85



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# 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:		12/30/2025
Name of Individual Being Reimbursed:	Lisette Williams	
Committee Name:	Committee to Elect Caroline Hunter	
CPF ID Number (if applicable):		Telephone Number (optional): 6172999597

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/16/2021	Staples	186 Alewife Brook Pkwy Cambridge, MA, 02138	In-store Printing of Campaign Materials	\$75.12
10/18/2023	La Fabrica	450 Mass Ave Cambridge, MA, 02139	Beverages for Campaign Fundraiser	

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$182.01
Line 2: Expenditures \$50 or under (not itemized):	\$0.00
Line 3: TOTAL AMOUNT REIMBURSED:	\$182.01

Signed under the penalties of perjury:

*Caroline Hunter / Lisette Williams*  
Signature of Candidate / Treasurer

Date: 1/19/2026

Please prepare a separate report for each reimbursement check issued by the committee.

**ITEMIZE EXPENDITURES IN EXCESS OF \$50**[illegible]

Page 2 Total (add to Line 1 on Page 1):

\$0.00