



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/18/2025 Ending Date: 12/31/2025

CITY OF CAMBRIDGE
ELECTION COMMISSION

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: <u>vote4carolinehunter@gmail.com</u> |
| Phone #: <u>617-299-9597</u> |

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| Committee to Elect Caroline Hunter |
| Committee Name |
| Lisette Williams |
| Name of Committee Treasurer |
| 23 Rockwell Street, Cambridge, MA, 02139 |
| Committee Mailing Address |
| E-mail: <u>vote4carolinehunter@gmail.com</u> |
| Phone #: <u>617-299-9597</u> |

SUMMARY BALANCE INFORMATION:

| | |
|--|---------------------|
| Line 1: Ending Balance from previous report | <u>\$9,948.91</u> |
| Line 2: Total receipts this period (page 3, line 12) | <u>\$701.86</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>\$10,650.77</u> |
| Line 4: Total expenditures this period (page 5, line 15) | <u>\$10,622.30</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>\$28.47</u> |
| Line 6: Total in-kind contributions this period (page 6, line 18) | <u>\$0.00</u> |
| Line 7: Total (all) outstanding liabilities (page 7, line 19) | <u>\$0.00</u> |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | <u>\$0.00</u> |
| Line 9: Name of bank(s) used: | <u>Eastern Bank</u> |

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

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 |
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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) | |
|---|---|-----------------|--|--|
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| Line 10: Total Receipts over \$50 (or listed above) | | \$670.00 | * If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above. | |
| 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 |
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Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|---|--|---|------------------------|--------|
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| <i>* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.</i> | | Line 13: Expenditures over \$50 (or listed above) | \$10,491.64 | |
| Enter on page 1, line 4 → | | 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.*

** 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.

Enter on page 1, line 7 → **Line**

Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)

\$0.00

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 |
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| 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> | |
| 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 | ← Enter on page 1, line 8 | |

*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: <input type="text" value="12/30/2025"/> | |
| Name of Individual Being Reimbursed: <input type="text" value="Caroline Hunter"/> | |
| Committee Name: <input type="text" value="Committee to Elect Caroline Hunter"/> | |
| CPF ID Number (if applicable): <input type="text"/> | Telephone Number (optional): <input type="text" value="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):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

Caroline Hunter / Diane Williams
Signature of Candidate / Treasurer

Date:

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

ITEMIZE EXPENDITURES IN EXCESS OF \$50



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: <input type="text" value="12/30/2025"/> | |
| Name of Individual Being Reimbursed: <input type="text" value="Lisette Williams"/> | |
| Committee Name: <input type="text" value="Committee to Elect Caroline Hunter"/> | |
| CPF ID Number (if applicable): <input type="text"/> | Telephone Number (optional): <input type="text" value="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 | |
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|------------------------------------|--|---------------------------------------|
| (Include items listed on Page 2) → | Line 1: Expenditures in excess of \$50 (itemized above): | <input type="text" value="\$182.01"/> |
| | Line 2: Expenditures \$50 or under (not itemized): | <input type="text" value="\$0.00"/> |
| | Line 3: TOTAL AMOUNT REIMBURSED: | <input type="text" value="\$182.01"/> |

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

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

ITEMIZE EXPENDITURES IN EXCESS OF \$50

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

\$0.00