

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF CAMBRINGE ELECTION COMMISSION

Fill in Ro	eporting Period dales: 23 PBlginding Date: 10/26	5/2017	Ending Date:	12/31/2017	ection Commission
	Report: (Check one) y preceding preliminary 8th day preceding election	30 day	vafter election 🗵 ye	ar-end report	dissolution
Elechi Kad School Co 10 Laurel E-mail: Phone # (opt	Candidate Full Name (if applicable) Dommittee Office Sought and District St. Ca,bridge, MA 02139 Residential Address	Billy Ca	stor Name of Com nouth St. Cambridge, MA Committee M	ttee Name mittee Treasurer	
	SUMMARY BALANC	E INFO	RMATION:		
	Line 1: Ending Balance from previous report			2835.49	
	Line 2: Total receipts this period (page 3, line 11)		1,630	1635.00	EK
	Line 3: Subtotal (line 1 plus line 2)		4,465,49	4470.49	E K
	Line 4: Total expenditures this period (page 5, line	e 14)		4316.09	
	Line 5: Ending Balance (line 3 minus line 4)		149,5	154.40	ek
	Line 6: Total in-kind contributions this period (page	ge 6)		0.00	
	Line 7: Total (all) outstanding liabilities (page 7)		10 A	0.00	
	Line 8: Name of bank(s) used: Eastern Bank	**************************************			
I certify that I activity, inclu finance activi	Committee Treasurer: I have examined this report including attached schedules and it is, to the best or inding all contributions, Ioans, receipts, expenditures, disbursements, in-kind contributions acting under the authority or on behalf of this committee in a rethe penalties of perjury:	ontributions :	and liabilities for this reporting	period and represents the c. 55.	paign finance campaign
FOR CAN	NDIDATE FILINGS ONLY: A flidavit of Candidate: (check 1 box	c enly)			
I certify activity, incurred	ate with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in acc any liabilities nor made any expenditures on my behalf during this reporting p	ordance with period.	the requirements of M.G.L. c.	complete statement of all 55. I have not received a	campaign finance
I certify to finance a campaign	ate without Committee OR Candidate with independent activity filing sep that I have examined this report including attached schedules and it is, to the lactivity, including contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this	best of my ki in-kind cont	nowledge and belief, a true and ributions and liabilities for this an accordance with the requirement	reporting period and repreents of M.G.L. c. 55.	campaign esents the
Signed under	r the penalties of perjury:	140	(Candidate's signature)		10-

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address	B	Occupation & Employer
Date Received (alphabetical listing required)		Amount	(for contributions of \$200 or more)
10/30/17	Michael Capasso 22 Main St. Wusum, MA Oldo	80	
Walin	Mast Caplan	50	
W/1/17	Anthony Ballucio 19row bridge place Cambridge (MA 02138	200	Gallicio & Wood SUM
11/2/17	Ruhert Evant 10 Measant St Cambridge (MA U2139	50	
148/17	Robert Brant 10 pleasant St. Cantridge, MA UD139	50	
11/2/17	Eluhi Kadete	25	
10130117	Chemi Kadete 10 Lan-el St. Apt. 4 Cambridse, MB 02139	500	Personal Trainer
10131/17	Chenikadate 10 Larel St. Apr. 4 Cambridge, MA 02139	300	Personal Trainer
10170/17	James Onsolo 350 Main St. Castlebon, VT 05735	160	
11/1/17	Porfiris Odlas-Nieves 13 Chelsca St. Apt 3 East Budon, MA U218	100	
142/17	Evan Rabin 140 West Bhd Ave Apt att New York, NY 10023	15	
W3/17	Fred Turker 240 River St. Cambridge, MA 02139	w	
Line 9: Total Recei	pts over \$50 (or listed above)	1940	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL R	RECEIPTS IN THE PERIOD 1630 at	1435	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/13/2017	Assembly Row AMC	395 Artisan Way Somerville, MA 02145	Social Event	25.33
10/30/2017	Facebook	1 Hacker Way Menlo Park, CA 94025	Advertisements	159.42
12/1/2017	Facebook	1 Hacker Way Menlo Park, CA 94025	Advertisements	65.57
10/30/2017	Grenier Print Shop	3702 Washington St. Jamaica Plain, MA 02130-3701	Postage Costs - Citywide Mailing	1781.00
11/7/2017	Grenier Print Shop	3702 Washington St. Jamaica Plain, MA 02130-3701	6850 4X9 Mailer - Citywide Mailing	2219.00
11/13/2017	Roxy's A4cade	292 Massachusetts Ave. Cambridge, MA 02139	Social Event	40.00
10/30/2017	Stripe	185 Berry St. Suite 550 San Francisco, CA 94107	Transfer Fee	0.45
10/31/2017	Stripe	185 Berry St. Suite 550 San Francisco, CA 94107	Transfer Fee	9.00
11/1/2017	Stripe	185 Berry St. Suite 550 San Francisco, CA 94107	Transfer Fee	6.10
11/2/2017	Stripe	185 Berry St. Suite 550 San Francisco, CA 94107	Transfer Fee	0.74
11/2/2017	Stripe	185 Berry St. Suite 550 San Francisco, CA 94107	Transfer Fee	1.75
11/2/2017	Stripe	185 Berry St. Suite 550 San Francisco, CA 94107	Transfer Fee	1.03
		Line 12: Total Expenditures or	ver \$50 (or listed above)	4224.99
Line 13: Total Expenditures \$50 and under* (not listed above)			84.4	
	Enter on page 1, line 4	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	4309.39

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Dawlau				AMIDUIR
11/3/2017	Stripe	185 Berry St. Suite 550 San Francisco, CA 94107	Transfer Fee	3.20
11/7/2017	Stripe	185 Berry St. Suite 550 San Francisco, CA 94107	Transfer Fee	1.75
11/8/2017	Stripe	185 Berry St. Suite 550 San Francisco, CA 94107	Transfer Fee	1.75
And the second s				
		Line 12: Expenditures over \$50	0 (or listed above)	0.00
		Line 13: Expenditures \$50 and	under* (not listed above)	6.7
		Line 14: TOTAL EXPENDIT	'URES IN THE PERIOD hould include only those expenditure	6.7

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0.00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0.00

^{*} 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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0.00