

CITY OF CAMBRIDGE

BOARD OF ELECTION COMMISSIONERS

51 Inman Street, Cambridge, Massachusetts 02139-1732 • Telephone 617-349-4361 • TTY: 617-492-0235 Fax: 617-349-4366 • Email: Elections2@cambridgema.gov • Website: www.cambridgema.gov/election

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DEFICIENT CAMPAIGN FINANCE REPORT

February 10, 2020

Elechi Kadete 10 Laurel Street Cambridge, MA 02139

Dear Mr. Kadete:

A review of your 2019 Year End Campaign Finance Report indicates the following deficiencies:

- Beginning date should be 10/29/2019.
- You cannot have a negative balance. If you used personal funds for some of your expenditures, you must report the amount spent as a contribution on Schedule A, even if the money was paid directly to a vendor. If you anticipate being paid back by the committee, you can write "loan" next to the candidate's name and list it on Schedule D as a liability.
- You need to "Uncheck" one of the boxes on page 1 under the section: <u>Candidate Filings Only</u>.

You or your treasurer can make these corrections by coming to the Election Commission office and amending your submitted report or by re-submitting the page(s) required to be amended.

If you have any questions, please call or email Lesley Waxman or Nicolas Leon at the Election Commission as soon as possible. As required by MGL Chapter 55, section 29, we will be obliged to refer this matter to the Director of the Office of Campaign and Political Finance for further action if you do not file an amended report within 10 days of this notice.

Sincerely,

Board of Election Commissioners

CC: Billy Castor, Treasurer 10 Plymouth St

Cambridge, MA 02141



Form CPF M 102: Campaign Finance Report RECEIVED Municipal Form

Office of Campaign and Political Finance

2020 FEB 10 PM 1:59

or iwassachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates AMBRIBE Finning Date: 10/2	8/2019 Ending Date: 12/31/2019
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Elechi Kadete	Committee to Elect Elechi Kadete
Candidate Full Name (if applicable) School Committee	Committee Name Billy Castor
Office Sought and District	Name of Committee Treasurer
10 Laurel St. Cambridge, MA 02139	10 Plymouth St. Cambridge, MA 02141
Residential Address	Committee Mailing Address
E-mail:	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
	1542.42
Line 1: Ending Balance from previous report	1342.42
Line 2: Total receipts this period (page 3, line 11)	195.00
Line 3: Subtotal (line 1 plus line 2)	1737.42
Line 4: Total expenditures this period (page 5, line	14) 1739.12
Line 5: Ending Balance (line 3 minus line 4)	(1.70)
Line 6: Total in-kind contributions this period (pag	ge 6) 0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used: Eastern Bank	
activity, of all persons acting under the authority or on behalf of this committee in accommuted any liabilities nor made any expenditures on my behalf during this reporting p Candidate without Committee	ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Only) Date: 2/5/2020 only) Dest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign.	in-kind contributions and liabilities for this reporting period and represents the

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/29/19	Billy Castor 10 Plymouth St. Cambridge, MA 02141	65.00	BMS Operator, MIT
11/6/19	Fred Clarke	30.00	
11/4/19	Jimmy Tingle 27 Lawrence St. Cambridge, MA 02139	100.00	
		Paradiana	
Line 9: Total Receipts over \$50 (or listed above)		165.00	
Line 10: Total Receipts \$50 and under* (not listed above)		30,00	
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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 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 9: Total Recei	pts over \$50 (or listed above)	0.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0.00	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	0.00	← Enter on page 1, line 2
			Little on page 1, fine 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.)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
12/3/19	Basta Pasta	319 Western Ave Cambridge, MA 02139	Dinner	58.16
11/6/19	Boston Business Printing	115 Broad St. Boston, MA 02110	Joint Flyer with the Slate	244.38
10/28/19	Grenier Print Shop	3702 Washington St. Jamaica Plain, MA 02130	Flyers	297.50
10/28/19	Grenier Print Shop	3702 Washington St. Jamaica Plain, MA 02130	Flyers	297.50
10/28/19	Grenier Print Shop	3702 Washington St. Jamaica Plain, MA 02130	Flyers	600.00
11/5/19	Riverside Pizza & Seafood	305 River St. Cambridge, MA 02139	Campaign Watch Party	, 60
11/29/19	Squarespace	225 Varick St. 12th Floor New York, NY 10014	Website	55.26
10/28/19	Volunteers	Cmte. to Elect Elechi Kadete 10 Plymouth St. Cambridge, MA 02141	Canvassing	60.00
-				
]	Line 12: Total Expenditures over	\$50 (or listed above)	1672.80
·		Line 13: Total Expenditures \$50 a	and under* (not listed above)	66.32
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	1739.12

^{*} 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
	Inchesional appropriate the contraction of the cont		Turpos or same	Amount

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			P. T. C.	
		Line 12: Expenditures over \$50	(or listed above)	0.00
Line 13: Expenditures \$50 and under* (not listed above)			0.00	
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				0.00
	f you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized			

^{*} 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
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		44-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-		
				0.00
-		Line 15: In-Kind Contributions	over \$50 (or listed above)	And the second s
Line 16: In-Kind Contributions \$50 & under (not listed above)			0.00	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			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
			The state of the s	
To the state of th				
The state of the s				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0.00