

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

Office of Campaign and Political Finance

2019 OCT 29 AH 10: 46

Title Day of Day of	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 12/3	1/2018 Ending Date: 10/28/2019
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☑ 8th day preceding election	
oth day preceding premininary	30 day after election year-end report dissolution
Elechi Kadete	Committee to Elect Elechi Kadete
Candidate Full Name (if applicable)	Committee Name
School Committee	Billy Castor
Office Sought and District	Name of Committee Treasurer
10 Laurel St. Cambridge, MA 02139 Residential Address	10 Plymouth St. Cambridge, MA 02141
E-mail:	Committee Mailing Address B-mail;
Phone # (optional):	Phone # (optional):
	Thome # (optional).
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	51.40
Line 2: Total receipts this period (page 3, line 11)	3,038.62 -3040.20-
Line 3: Subtotal (line 1 plus line 2)	EV3, 090.02 3091.6
Line 4: Total expenditures this period (page 5, lin	ne 14) 1547.6
Line 5: Ending Balance (line 3 minus line 4)	5424 ENL 542 /42 1844
Line 6: Total in-kind contributions this period (pa	nge 6) 0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used: Eastern Bank	
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of inance activity of all persons acting under the authority or on behalf of this committee in	Ontributions and lightlities for this reporting period and property at
signed under the penalties of perjury:	(Treasurer's signature) Date: 1028/2019
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in acc incurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign
igued under the penalties of perjury:	(Condidate in 1972) Date: 10/28/2019

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)
9/25/19	Chyna Betts	\$34.62	
9/30/19	Jacey M. Buel 16 Walden St. #2 Cambridge, MA 02140	\$100	
9/20/19	David Carlson 160 Putnam Ave. Cambridge, MA 02139	\$200	Staff, Riverside Pizza, Seafood, & Inc.
9/30/19	Billy Castor 10 Plymouth St. Cambridge, MA 02141	\$100	
10/15/19	Billy Castor 10 Plymouth St. Cambridge, MA 02141	\$100	BMS Operator, MIT
10/25/19	Dana Clarke 137 Putnam Ave. Cambridge, MA 02139	\$100	
9/13/19	Jessica Chemponda 155th Apt 20 New York, NY 10030	\$250	Project Manager, HSBC
9/5/19	Committee to Elect Richard Harding 187 Windsor St. Brighton, MA 02135	\$100	
9/5/19	Diane A. Reid Crawford	\$50	
10/15/19	Reuben N. Dottin Jr. 321A Western Ave. Cambridge, MA 02139	\$200	Retired
10/21/19	Charles Jessup Franklin 162 Hampshire St. 1R Cambridge, MA 02139	\$200	Engineer, Akamai Technologies
10/1/19	Frank Gerratana	\$25	
Line 9: Total Rece	ipts over \$50 (or listed above)	€ V 1356.00	
Line 10: Total Receipts \$50 and under* (not listed above)		111.20	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	1461.20	← 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)
8/16/19	Donald Harding 187 Windsor St. Cambridge, MA 02139	\$300	Retired
10/21/19	Chemi Kadete 10 Laurel St. Cambridge, MA 02139	\$350	Legal Admin, State Street
8/1/19	lan C. Kenny 34 Laurel Road Milton, MA 02186	\$100	
10/16/19	Abraham Lateiner	\$50	
9/12/19	Ethan Lustig-Elgrably	\$50	
10/16/19	Nadee Mazen 171 Auburn St. Cambridge, MA 02139	\$100	
10/15/19	Tabaguri Moses 73 School St. Cambridge, MA 02139	\$100	
9/10/19	William Powell	\$50	
9/5/19	Evan Rabin 140 West End Ave New York, NY 10023	\$54	
9/7/19	M Carolyn Shipley 15 Laurel St. Cambridge, MA 02139	\$100	
9/5/19	John T. St. George 348 Windsor St. Cambridge, MA 02141	\$100	
9/12/19	Jonathan Steinman 13 Fairmont Ave. Cambridge, MA 02139	\$100	
10/17/19	Kathy Watkins	\$25	
Line 9: Total Recei	ipts over \$50 (or listed above)	€ V 130/4.00	
Line 10: Total Receipts \$50 and under* (not listed above)		75.00	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	1479.00	← 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

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)
9/9/19	Elies Yarden	\$50.	
10/17/19	Quinton Zondervan	\$50	
Line O. Tradi De l'			
	pts over \$50 (or listed above) ipts \$50 and under* (not listed above)	0.00	
	RECEIPTS IN THE PERIOD 3,038.0	100.00	← 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.) To Whom Paid **Date Paid** (alphabetical listing) Address Purpose of Expenditure Amount Cambridge Reprographics 21 McGrath Highway Lawn Signs Somerville, MA 02143 9/27/19 \$162.03 Elks Lodge 55 Bishop Allen Dr. Networking Cambridge, MA 02139 10/7/19 \$100 Gravis Marketing 920 Belle Ave Robocalls STE 1330 9.18.18 \$218.00 Winter Springs, FL 32708 Grenier Print Shop 3702 Washington St. Handout Flyers Jamaica Plain, MA 02130 9/11/19 \$220.00 Grenier Print Shop 3702 Washington St. Handout Flyers Jamaica Plain, MA 02130 10/11/19 \$297.50 Hourly Oyster House 15 Dunster St. Meeting w/ Donors Cambridge, MA 02139 9/3/19 \$64.57 Riverside Pizza & Seafoods 225 Varick St. Campaign Kickoff Event 12th Floor 9/12/19 \$100.87 New York, NY 10014 Squarespace Inc. 225 Varick St. Website 12th Floor 8/29/19 9/30/19 \$55.26 New York, NY 10014 Stripe 510 Townsend St. Transfer Fees San Francisco, CA 94103 9/5 - 10/25/19 \$52.78 Volunteers Committee to Elect Elechi Kadete Canvassing/Knocking on Doors 10 Plymouth St. 9/8/19 \$100 Cambridge, MA 02141 Line 12: Total Expenditures over \$50 (or listed above) 1371.01 Line 13: Total Expenditures \$50 and under* (not listed above) 176.59 Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 1547.60

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

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
		·	
	Line 15: In-Kind Contributions over \$50 (or listed above)		
Line 16: In-Kind Contributions \$50 & under (not listed above)			0.00
		Line 17: TOTAL IN-KIND CONTRIBUTIONS ho contributes more than \$50 in a calendar year, you must report the use	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	
177				
The state of the s				
<u> </u>	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0.00