



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

01/01/25

Ending Date:

10/17/25

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Luisa de Paula Santos

Candidate Full Name (if applicable)

Cambridge School Committee

Office Sought and District

51 Walker St, Cambridge, MA

Residential Address

E-mail: luisaforsschoolcommittee@gmail.com

Phone #: 305-510-5835

Committee to Elect Luisa de Paula Santos

Committee Name

Kelly Baker

Name of Committee Treasurer

51 Walker St, Cambridge, MA

Committee Mailing Address

E-mail: kellynorabaker@gmail.com

Phone #: 617 291 7228

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$0.00

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

\$2420.33

Line 3: Subtotal (line 1 plus line 2)

\$2420.33

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

\$1531.33

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

\$889.00

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

\$314.68

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

\$934.25

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

\$1293.23

Line 9: Name of bank(s) used:

East Cambridge Savings 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:

Kelly Baker

(Treasurer's signature)

Date: 10/27/25

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:

Luisa Santos

(Candidate's signature)

Date: 10/27/25

SCHEDULE A: RECEIPTS

1.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)
9/24/25	Carrie Abend 280 Broadway, Apt 6 Somerville MA 02145	100	
10/1/25	Carrie Abend 280 Broadway, Apt 6 Somerville MA 02145	200	Business Analyst Anthropic
9/24/25	Jesse Baer 10 Poplar Rd Cambridge MA 02138	50	
10/5/25	Jesse Baer	25	
9/24/25	Kelly Baker	25	
10/13/25	Robert Beagen 108 WEBER LANE OLIVEBRIDGE NY 12461	50	
10/16/25	Renata Bozzetto	25	
9/27/2025	Megan Brady	25	
10/1/25	Stephen Cellucci 32 Vineyard St Cambridge MA 02138	50	
10/12/2025	Mary Kate Davidson 94 Harmati Ln Shady NY 12409	100	
10/13/25	Kate Davidson 726 N Washington St Alexandria VA 22314	100	
9/24/25	Gloria de Oliveira 313 sw 10th Street Delray Beach FL 33444	25	
10/15/25	Gloria de Oliveira 313 sw 10th Street Delray Beach FL 33444	25	

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/15/25	Gloria de Oliveira 313 sw 10th Street Delray Beach FL 33444	30	
9/25/25	Francis Eaton 53 Quarry Street Quincy MA 02169	50	
9/25/25	Robert Eckstut	10	
9/24/25	Virginia Fisher	25	
10/12/25	Elizabeth Greminger 2407 N. Ridgewood Ave. Tampa FL 33602	100	
9/30/25	Alexandra Hiple 63 Berkeley St, 2 Somerville MA 02143	50	
10/17/25	Alexandra Hiple 63 Berkeley St, 2 Somerville MA 02143	33.33	
9/28/25	Alexander J Woodard 40 Harding Road, Apt. 2 Roslindale ma MA 02131	200	Realtor Premier Realty Group
10/13/25	Arjun Jaikumar	25	
9/25/25	Jason Kimball 5 pond st Boston MA 02130	100	
10/7/25	Andrew King 40 Essex Street Cambridge MA 02139	50	
10/14/25	Ramsey Kurdi 400 West Street Amherst MA 01002	50	
9/29/25	Rena Leib	25	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/17/25	Lily Linke	25	
9/25/25	Marcia Lopes de Mello 9943 NW 43rd Terrace Doral FL 33178	100	
10/12/25	Marcia Lopes de Mello 9943 NW 43rd Terrace Doral FL 33178	100	Assistant Professor Miami University
9/24/25	Evan MacKay	27	
9/24/25	Ryan Miller 19 Trescott st Quincy MA 02169	50	
10/15/25	Melinda Muller 19 Bay Pointe Dr Ext Buzzards Bay MA 02532	100	
9/26/25	Danielle Mulligan 167 Tremont St Cambridge, MA 02139	50	
10/13/25	Glauco Santos	25	
9/25/25	Joseph Skitka 27 Harriet Ave. Belmont MA 02478	50	
9/24/25	Alex Smith 160 Cambridgepark Dr, Unit 488 Cambridge MA 02140	50	
9/25/25	Jivan Sobrinho-Wheeler 187 Brookline St, Apt 3 Cambridge MA 02139	50	
9/25/25	Maritza Soto 82 Fresh Pond Parkway Cambridge MA 02138	100	
9/24/25	Nolan Surma	25	

Line 10: Total Receipts over \$50 (or listed above)

Line 11: Total Receipts \$50 and under (not listed above)

Line 12: TOTAL RECEIPTS IN THE PERIOD

** If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*

← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/13/25	David Thompson 1310 S Broad Street, 1F Philadelphia PA 19146	100	
9/25/25	Charles Van Fleet	20	
Line 10: Total Receipts over \$50 (or listed above)			<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)			
Line 12: TOTAL RECEIPTS IN THE PERIOD		\$2420.33	

← 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.*

[illegible]

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)

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

Line 15: TOTAL EXPENDITURES IN THE PERIOD

\$1,531.33

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

4. 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.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/19/25	Michael Muller	289 University Ave Lowell, MA	printed materials	\$63.17
9/29/25	Connor Donovan	10 Morgan St #3 Somerville, MA 02143	graphic design	\$195.00
10/10/25	Michael Muller	289 University Ave Lowell, MA	printed materials	\$24.86
10/11/25	Melissa Page	170 Gore St #112 Cambridge, MA 02141	printed materials	\$31.65
<i>* 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.</i>		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
		Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD		\$314.68

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
9/29/25	Luisa de Paula Santos	51 Walker St Cambridge, MA 02138	printed materials	\$934.25
Enter on page 1, line 7 →			Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)	\$934.25

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
9/24/25	Staples 165 Middlesex Ave Somerville, MA 02145	\$87.98	printed materials
9/27/25	Staples 160 Alewife Brook Pkwy Cambridge, MA 02138	\$254.03	printed materials
10/13/25	Star Market 49 White Street Cambridge, MA 02140	\$16.97	supplies for meet & greet event
9/29/25	Studio24 Graphix 1182 Blue Hill Ave Boston, MA 02126	\$934.25	printed materials

Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)	
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD	\$1293.23

** 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.*

← Enter on page 1, line 8