

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File-with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 1/1/	/25 0C 28 AM 11: 45 Ending Date: 10/17/25				
Type of Report: (Check one)	ELECTION COMMISSION				
	E co. 1 . 0 . 1				
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution				
Richard Harding	CTE Richard Harding				
Candidate Full Name (if applicable) Cambridge School Committee	Committee Name Moacir Barbosa				
Office Sought and District	Name of Committee Treasurer				
189 Windsor Street, Cambridge, Ma 02139	P.O. Box 390051, Cambridge, Ma 02139				
Residential Address	Committee Mailing Address				
E-mail: schools02139@yahoo.com	E-mail: mobarbosa44@gmail.com				
Phone #:	Phone # :				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	2,901.26				
Line 2: Total receipts this period (page 3, line 12)	7,475.00				
Line 3: Subtotal (line 1 plus line 2)	10,376.26				
Line 4: Total expenditures this period (page 5, line 15)	1,229.76				
Line 5: Ending Balance (line 3 minus line 4)	9,146.50				
Line 6: Total in-kind contributions this period (page 6,	, line 18) 0				
Line 7: Total (all) outstanding liabilities (page 7, line 1	6,595.54				
Line 8: Total out-of-pocket expenses this period (page	8, line 22) 0				
Line 9: Name of bank(s) used: Citizens Bank					
L					
Affidavit of Committee Treasurer: I 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 finance activity of all persons acting under the authority of on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury:	(Treasurer's signature)				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox 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 ac incurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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	s, in-kind contributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury: Candidate's signature Date: 19/98/35					

M102 (12/2022)

total

7475

		25	02138	MA	Cambridge	120 Foster St 120 Foster St 12 Cambridge	Zuriff	Gerald	9/14/2025 Gerald
		100	02140	MA	Cambridge	24 Newman Street	Toner	Paul	9/19/2025 Paul
		100	02135	Ма	Brighton	17 Madeline St	Tolman	Steven	10/16/2025 Steven
		100	02130	Ма	Jamaica Plain	21 Chilcott Place	Thomas	Daniel	10/16/2025 Daniel
		150	02141	Ма	Cambridge	12 Sciarappa Street	Spera	Jean	9/29/2025 Jean
Spears Funeral Home	250 Propietor	250	02139	Ма	Cambridge	124 Western Ave	Spears	Artis	9/29/2025 Artis
Spears Funeral Home	250 Propietor	250	02139	Ma	Cambridge	126 Westen Ave	Spears	Artis	10/16/2025 Artis
CA	250 Analyst	250	02138	Ma	Cambridge	90 Park Ave	Sillari	Stephen	9/29/2025 Stephen
		50	02241	Ma	Cambridge	14 Roosevelt Towers Ap 405E Cambridge	Sheffield	Vanessa	10/16/2025 Vanessa
		100	02139	Ma	Cambridge	189 Windsor St.	Scott	Elsie	9/29/2025 Elsie
		50	02139	™ a	Cambridge	210 Brookline St.	Saunders Taylor	Particia	10/16/2025 Particia
	1000 retired	1000	02139	Ma	Cambridge	340 Harvard Street	Reeves	Kenneth	10/16/2025 Kenneth
	250 retired	250	02139	Ma	Cambridge	907 Mass Ave Suite 300	Rafferty	James	10/16/2025 James
		100	02119	Ma	Boston	20 Crispus Attuckts Place	Platt	Allen	9/29/2025
		25	02138	Ma	Cambridge	1105 Massachusetts Ave Apt Cambridge	O'Sullivan	Roger	9/29/2025
		100	02138	MA	Cambridge	95 CUSHING ST	O'Reilly	Elaine	9/8/2025
		100	02474	MA	Arlington	8 Herbert Rd	Mintz	Susan	9/6/2025
		100	02140	Ma	Cambridge	87 Rindge Ave	Mili	Vincent	10/16/2025 Vincent
		200	02141	Ma	Cambridge	330 Windsor Street, Apt 2	Mattos	Henry	10/16/2025 Henry
Episcopal Church	250 Parish Priest	250	03287	로	Wilmot	Road	MacLeod	Jay	9/10/2025
		150	02134	MA	Allston	+	Luzier	Will	9/4/2025 Will
Hong Kong	250 Propietor	250	02138	Ma	Cambridge	438 Broadway	Lee	Paul	9/29/2025
		100	02302	Ma	Brockton	660 East Street	Layne	Ronald	10/16/2025
		100	02139	Ma	Cambridge	PO Box 390778	Lathan	Claude	9/29/2025 Claude
Boston University	200 Lecturer	200	02138	MA	Cambridge	80 Lexington Avenue #2	Keating	Elizabeth	9/7/2025 Elizabeth
		500	44708	유	Canton	621 46th Street NW	Harding	Neil	10/1/2025 Neil
	500 retired	500	02139	Ma	Cambridge	181 Windsor Street	Harding	Donald	10/16/2025 Donald
		50	02139	Ma	Cambridge	812 Memorial Drive #1309	Green	Roberta	10/1/2025 Roberta
		100	02139	Ma	Cambridge	1 Newtowne Court #7	Green	Denise	9/20/2025 Denise
Not Employed	loved	250	02138	MA	Cambridge	57 Aberdeen Avenue	Glynn	Patricia	9/19/2025 Patricia
Camb. Emergency Comms	500 Director	500	02140	Ma	Cambridge	7 Van Norden St	Giacobbe	Christina	10/16/2025 Christina
		100	02131	Ma	Roslindale	1 Cliffmont St. Apt 608	Eastman	David	10/16/2025 David
		25	02138	MA	Cambridge	11 Thingvalla Avenue	Delaney	Sean	9/10/2025 Sean
		100	02139	M _a	Cambridge	35A Fairmont Street	Crawford	Paul	9/20/2025 Paul
	Control	139 1000	02139	MA	Cambridge	419 Putnam Ave	Annecchiarico	David	10/16/2025 David
Employer	Occupation		zip	State	City	Address	LdSt Ndlile	PHOPHOPHI	508

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)
Date Received	(aipnabetical listing required)	Amount	(for contributions of \$200 or more)
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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receip	pts over \$50 (or listed above)	7475"	* If you have itemized receipts of \$50 and
Line 11: Total Receip	pts \$50 and under (not listed above)	0	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL RI	ECEIPTS IN THE PERIOD	74750	← 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
9/29/25	Pill Hardware	743 Mass Ave, Cambridge, Ma 02139	supplies	21.24
9/29/25	Pill Hardware	743 Mass Ave, Cambridge, Ma 02139	supplies	9.55
10/10/25	Staples	500 Staples Drive Framingham, Ma 01702	supplies, printing	290.05
7/25/25	Studio 24 Graphix and Printing	1182 Blue Hill Ave, Mattapan,ma 02126	printing, handbills	737.50
7/14/25	US Post Office	770 Massachusetts Ave, Cambridge, Ma 02139	PO box	124.00
9/19/25	W Actblue	PO Box 441146, Somerville, MA 02144	fees	47.42
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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			The second secon	
		,		
* If you have it	temized expenditures of \$50 ude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	1,229.76
should include	only those expenditures not temized above.	Line 14: Expenditures \$50 and u	inder (not listed above)	
		Line 15: TOTAL EXPENDITU	URES IN THE PERIOD	1,229.76

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Transco				
The state of the s				
	temized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions over	\$50 (or listed above)	The state of the s
should includ	de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTR	RIBUTIONS IN THE PERIOD	0

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
11/7/2003	Richard Harding	189 Windsor Street Cambridge, Ma 02139	Loan to campaign	3964.54
	Richard Harding	189 Windsor Street Cambridge, Ma 02139	Loan to campaign	1681.00
	Richard Harding	189 Windsor Street Cambridge, Ma 02139	Loan to campaign	800.00
	Richard Harding	189 Windsor Street Cambridge, Ma 02139	Loan to campaign	150.00
	1			
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	OING LIABILITIES (ALL)	6595.54

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
or listed above)	d Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed above			itemized above.
Line 22: TOTAL OUT-C	JE-POCAET EXPENDITURES IN THE PERIOD	U I	← Enter on page 1, line 8