

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report

Municipal Form
RE Office of Campaign and Political Finance

of Massachus	setts 2024 MAY 6 AM	9: (	File with: City or Town Clerk or Election Commission
Fill in Re		/1/2	23 Ending Date: 12/31/23
Type of I	Report: (Check one)	101	OR .
☐ 8th day	y preceding preliminary 🔲 8th day preceding election	ıj	☐ 30 day after election
		$\overline{}$	
Ruth Ry	yan Allen	_	Committee to Elect Ruth Ryan Allen
Cambrio	Candidate Full Name (if applicable) dge School Committee		Committee Name Irving Allen
	Office Sought and District	-	Name of Committee Treasurer
48 Fenr	no St, Cambridge, Ma 02138	_	48 Fenno St, Cambridge, Ma 02138
   <sub>E-mail:</sub> iral	Residential Address    Ilen@comcast.net		Committee Mailing Address E-mail: irallen@comcast.net
Phone #:	To The Control of the	-	Phone #:
Thone #.			Findle # .
	SUMMARY BALAN	VC)	E INFORMATION:
	Line 1: Ending Balance from previous report		2508.19
	Line 2: Total receipts this period (page 3, line 12)		
	Line 3: Subtotal (line 1 plus line 2)		
	Line 4: Total expenditures this period (page 5, line	15)	
	Line 5: Ending Balance (line 3 minus line 4)		2508.19
	Line 6: Total in-kind contributions this period (page	6, li	ine 18)
	Line 7: Total (all) outstanding liabilities (page 7, line	e 19	
	Line 8: Total out-of-pocket expenses this period (pag	ge 8,	line 22)
	Line 9: Name of bank(s) used: East Cambrid	agt	Savings Bank
	Committee Treasurer:		
I certify that I activity, inclu	have examined this report including attached schedules and it is, to the leading all contributions, loans, receipts, expenditures, disbursements, in-kin	ind co	of my knowledge and belief, a true and complete statement of all campaign finance outributions and liabilities for this reporting period and represents the campaign
	ty of all persons acting under the authority of on behalf of this committee	in ac	Date: 5/2/21/
25%	r the penalties of perjury		(Treasurer's signature)
	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	box	only)
I certify the activity, of	the with Committee that I have examined this report including attached schedules and it is, to of all persons acting under the authority or on behalf of this committee in any liabilities nor made any expenditures on my behalf during this report	n acco	nest 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.
I certify the finance at	that I have examined this report including attached schedules and it is, to utivity, including contributions, loans, receipts, expenditures, disbursement finance activity of all persons acting under the authority or on behalf of	ents, i	nest of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55.

\_(Candidate's signature)

#### SCHEDULE A: RECEIPTS

4.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 ear. 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

\*\*ttach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

th 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	(arphabetical insting required)	Zimount	(tot contributions of \$200 of mote)				
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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 Recei	pts over \$50 (or listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Recei	pts \$50 and under (not listed above)	should include only those receipts not itemized above.	
Line 12: TOTAL R	ECEIPTS IN THE PERIOD	← 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.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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	N.			
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#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

I.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 ddition, 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 in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and cords 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

lude the candidate o	or committee name and a-page number or	n each additional page.		
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
1				
		MA		
* If you have i	temized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions over	r \$50 (or listed above)	
	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	

# **SCHEDULE B: EXPENDITURES (continued)**

To Whom Paid						
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
	( 1 min and a min					
		35				
	Commission of the Commission o					
				3'		
		/ A		)		
				9		
*1f you have itemized expenditures of \$50		L: 12 F - 12 Aco	( U. 1 1 1 )			
and under, inc	lude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)			
should include	e only those expenditures not	Line 14: Expenditures \$50 and under (not listed above)				
j.	itemized above.	Parameter and Parameter and Maria				
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDITU	JRES IN THE PERIOD			
			L			

#### 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)	aized Out-Of-Pocket Expenditures Over \$50  aized Out-Of-Pocket Expenditures \$50 and  e)		* 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.
	OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8  Page 8

# 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
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