

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2025 FEB - 3 PM 1: 30
File with: City or Town Clerk or F

Election Commission

Fill in Reporting Period dates: 1/1/2024 **Ending Date:** 12/31/2024 Beginning Date: Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Committee to Elect Leiran Biton Leiran Biton Candidate Full Name (if applicable) Committee Name Ward 7 Somerville School Committee Leah Ekbladh Office Sought and District Name of Committee Treasurer 1087 Broadway #2, Somerville, MA 02144 22 Whitfield Rd, Somerville MA 02144 Residential Address Committee Mailing Address E-mail: leiran4somerville@gmail.com E-mail: leiran4somerville@gmail.com Phone #: 617-863-2315 Phone #: SUMMARY BALANCE INFORMATION: \$447.41 Line 1: Ending Balance from previous report \$1000.00 Line 2: Total receipts this period (page 3, line 12) \$1447.41 Line 3: Subtotal (line 1 plus line 2) \$51,50 Line 4: Total expenditures this period (page 5, line 15) \$1395.91 **Line 5:** Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6, line 18) \$0.00 Line 7: Total (all) outstanding liabilities (page 7, line 19) \$2,000,00 \$0.00 Line 8: Total out-of-pocket expenses this period (page 8, line 22) Winter Hill Bank Line 9: Name of bank(s) used: 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. Date: 2/3/2025 Signed under the penalties of perjury: (Treasurer's signature) 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. Date: 2/3/2025 Signed under the penalties of perjury; (Candidate's signature)

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 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 scords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions secived. 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.

| <u> </u> | Name and Residential Address | | Occupation & Employer | |
|---------------|---|--|--------------------------------------|--|
| Date Received | (alphabetical listing required) | Amount | (for contributions of \$200 or more) | |
| 12/17/2024 | Carl Hoffman, 1070 Broadway, Somerville MA 02144 | \$1000.00 | CEO, BasisTech | |
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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) |
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| Line 10: Total Receipts over \$50 (or listed above) | | \$1000.00 | * If you have itemized receipts of \$50 and under, include them in line 10. Line 11 |
| Line 11: Total Receipts \$50 and under (not listed above) Line 12: TOTAL RECEIPTS IN THE PERIOD | | \$1000.00 | should include only those receipts not itemized above. ← 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 |
|-----------|--|---|---|---------|
| 12/17/24 | ActBlue Technical Services | 366 Summer Street Somerville, MA 02144 | Service fee | \$39.50 |
| 2/2/2024 | Google Domains | 1600 Amphitheatre Pkwy Mountain View, CA | Website domain | \$12.00 |
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SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|---|--|---|------------------------|--|
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| and under, include them in line 13. Line 14 | | Line 13: Expenditures over \$50 (or listed above) | | \$51.50 |
| | | Line 14: Expenditures \$50 and under (not listed above) | | \$0.00 |
| Enter on page 1, line $4 \rightarrow 1$ | | Line 15: TOTAL EXPENDITURES IN THE PERIOD | | \$51.50 |

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.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 nd 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. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

| ate Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|---|---------------------|--|-----------------------------|---|
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| * 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. | | Line 16: In-Kind Contributions over \$50 (or listed above) | | \$0.00 |
| | | Line 17: In-Kind Contributions \$50 and under (not listed above) | | \$0.00 |
| | | Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD | | *************************************** |

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 |
|---------------|---------------------------|--|------------------------------|------------|
| 3/19/2023 | Leiran Biton | 1087 Broadway #2 Somerville, MA 02144 | Campaign loan from candidate | \$2,000 |
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| | Enter on page 1, line 7 → | Line 19: TOTAL OUTSTANI | DING LIABILITIES (ALL) | \$2,000.00 |

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.

| Name and Address of Vendor Date Paid (alphabetical listing required) | | Amount | Purpose of Expenditure | |
|---|--------------------------------------|--------|--|--|
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| Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above) | | \$0.00 | * If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 | |
| Line 21: Total Unitermized Out-Of-Pocket Expenditures \$50 and under (not listed above) | | \$0.00 | should include only those expenditures not itemized above. | |
| | DF-POCKET EXPENDITURES IN THE PERIOD | \$0.00 | ← Enter on page 1, line 8 | |