



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2025 Ending Date: 8/29/2025

Type of Report: (Check one)

☒ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Jessica (Jessie) Ratey

Candidate Full Name (if applicable)

Somerville School Committee (Ward 3)

Office Sought and District

47 Church Street Somerville, Ma 02143

Residential Address

E-mail: jessieforward3@gmail.com

Phone #: 617-903-0711

Committee to Elect Jessie Ratey

Committee Name

Michelle Hermans

Name of Committee Treasurer

47 Church Street Somerville, MA 02143

Committee Mailing Address

E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$0</u>
Line 2: Total receipts this period (page 3, line 12)	<u>6502.60</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$6502.60</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>\$3727.03</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$2775.57</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>\$0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>\$223.60</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>\$0</u>
Line 9: Name of bank(s) used:	<u>Rockland Trust</u>

### 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: Michelle Hermans (Treasurer's signature)

Date: 9/7/2025

### 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: [Signature] (Candidate's signature)

Date: 9/8/25

## 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.*

[illegible]

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
<b>Line 10:</b> Total Receipts over \$50 (or listed above)		<b>6215.60</b>	<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>
<b>Line 11:</b> Total Receipts \$50 and under (not listed above)		1287.00	
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>		<b>6502.60</b>	

← Enter on page 1, line 2

Amount	Date	Donor First Name	Donor Last Name	Donor Address	Donor City	Donor State	Donor ZIP	Donor Country	Donor Occupation	Donor Employer
\$ 100.00	6/30/2025 15:23	Nicole	Bedi	564 Ridgedale Ave	Birmingham MI	MI	48009	United States	Not employed	Not employed
\$ 300.00	7/6/2025	Colleen	Campbell	15 Phoebe Street	Medhuen MA	MA	01844	United States	Retired	MGH
\$ 100.00	7/10/2025 19:50	Adrienne	Casay	10 Skehan Street	Somerville MA	MA	02143	United States	Registered nurse	Atlantic Beverage Distributors
\$ 100.00	8/11/2025 11:08	Seth	Cohen	22 Adrian St	Somerville MA	MA	02143	United States	Brand Manager	Mass General Hospital
\$ 1,000.00	6/3/2025	Sharon	Cohen	38 Lowell Road	Winthrop MA	MA	02152	United States	Medical Coder	Not Employed
\$ 100.00	7/9/2025 20:08	Elizabeth	Curran	19 Edgell road	Winchester MA	MA	01890	United States	Not Employed	Roxys Grilled Cheese
\$ 100.00	6/13/2025 19:11	Jackie	Disabatino	14 Boardman St, 1	Salem MA	MA	02143	United States	Owner	Envision optometry
\$ 100.00	5/20/2025 15:37	Michael	Garlich	49 Church St	Somerville MA	MA	02143	United States	Optometrist	Alnor
\$ 1,000.00	5/21/2025 15:51	Julie	Kaplan	335 Pelhamdale Ave	Pelham NY	NY	10803	United States	Sales	Not Employed
\$ 200.00	5/21/2025 18:32	Marjorie	Kaplan	401 E 74th St, 6D	New York NY	NY	10021	United States	Not Employed	Not Employed
\$ 150.00	6/1/2025	Sara	Klayman	1534 Broadway Apt 118	Hewlett NY	NY	11557	United States	Community Consultant	Couch Family Foundation
\$ 70.00	7/10/2025 and 7/20/2025	Jennifer	Kobylenki	66 Clay Hill Rd	Hartland VT	VT	05048	United States	Engineer	City of Cambridge
\$ 72.00	5/20/2025 13:08	Erich	Letourneau	405 Washington Street #2R	Somerville MA	MA	02143	United States	Product Manager	ServiceTitan
\$ 200.00	8/11/2025 19:31	Melissa	Ludwig	36 Berkeley St	Somerville MA	MA	02143	United States	Lawyer	Dept of labor
\$ 100.00	7/30/2025 19:57	Christine	Moore	6278 15th Rd N	Arlington VA	VA	22205	United States	Manager	Wegmans
\$ 223.60	5/9/2025 and 5/20/2025	Jessie	Rader	492 Medford St	Somerville MA	MA	02143	United States	Program Officer	Mott Philanthropic
\$ 1,000.00	5/12/2025	John	Ratey	47 Church Street	Somerville MI	MI	48740	United States	Psychiatrist	Self employed
\$ 100.00	8/17/2025 9:32	Shuyun	Ratey	288 Harbord View Dr	Hartsville MI	MI	02143	United States	Facade Specialist	RDH Building science
\$ 100.00	8/10/2025 18:14	Jonathan	Talun	30 Boston Street	Somerville MA	MA	02143	United States	Foreign Service Officer	United States Government
\$ 5,215.60			Tarter	115 Bluffs Cir	Williamsbur VA	VA	23185	United States		

## 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 B. 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
5/20/2025	Squarespace	225 Varick St NY, NY 10014	Campaign Website	\$183.60
5/29/2025	ActBlue	28 Liberty St NY, NY 10005	Votebuilder Purchase	\$250.00
5/30/2025	Boston Business Printing	115 Broad St Boston, MA 02110	500 Palm Cards	\$265.63
7/10/2025	Market Basket	400 Somerville Ave Somerville, MA 02143	Food for Kickoff Event	\$74.02
8/1/2025	Connolly Printing	17B Gill St Woburn, MA 01801	Palm Cards	\$859.38
8/12/2025	Connolly Printing	17B Gill St Woburn, MA 01801	Corrugated Plastic Signs	\$414.91
8/14/2025	United State Postal Office	18 Bow St Somerville, MA 02143	Stamps	\$62.40
8/21/2025	Connolly Printing	17B Gill St Woburn, MA 01801	Mailed Postcards	\$1532.60

**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)**

3642.54

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

84.49

**Line 15: TOTAL EXPENDITURES IN THE PERIOD**

3727.03



## 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.*

[illegible]

*\* 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.*

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)	\$0
Line 17: In-Kind Contributions \$50 and under (not listed above)	\$0
<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>	<b>\$0</b>

## 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
5/9/2025	Jessie Ratey	47 Church St Somerville, MA 02143	Donation to Campaign	\$40.00
5/20/2025	Jessie Ratey	47 Church St Somerville, MA 02143	Website Purchase (via Squarespace)	\$183.60
Enter on page 1, line 7 → <b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				<b>\$223.60</b>



**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
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		\$0	<p>* 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.</p> <p>← Enter on page 1, line 8</p>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		\$0	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		\$0	

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