Form CPF 111: REPORT OF ASSOCIATION OR OTHER GROUP MAKING CONTRIBUTIONS TO OR EXPENDITURES ON BEHALF OF CANDIDATES, PACS OR PARTY COMMITTEES

Commonweal of Massachuse		Office of Campaign	and Political Finance		
	tor aign and Political Finance Place, Room 411		F or	ile with C	Iunicipal Activity: ity or Town Clerk ction Commission
	Reporting Period	d: from: 02/13/2016 (MM/DD/YYYY)	to: 08/21/2016 (MM/DD/YYYY)		
Type of Repo	rt: 📈 8th day preceding primary/pro	eliminary 8th day preceding el	ection 30th day after election July	20th 🔲	January 20th
On behalf of:	✓ State / County Candidates,	PACs & Party Committees or	Municipal Candidates		
Name of Asso	ociation or Group: EDUCATION	REFORM NOW ADVOCACY INC.			
Name & Title	of Principal Officers: SHAVAR JEF	FRIES, PRESIDENT			
Mailing Addr	ess: 325 GOLD STREET, SUITE 20	City / S	State / Zip; BROOKLYN	NY	11201
			1.00	 .	
Determination	n of incidental threshold:	. Total gross revenues of previous c	alendar year:	(\$
	2	. 10% of line 1 or \$15,000, whichev	er is less:		15,000.00
	3	. Total expenditures, donations to co	ommittees and liabilities incurred during calend	lar year: S	\$ 310,000.00
	If line 3 ex	sceeds line 2, reports are required	for the stated calendar year.		
POLITICAL 1	EXPENDITURES AND CONTRIBU	TIONS TO CANDIDATES/COMM	IITTEES (attach additional pages is necessary)	i:	
Date Paid	To Whom Paid (Alphabetical listing)	Address	Purpose (Check box if Inkind Contribution)	-	Amount or Value*
04/01/2016	DEMOCRATS FOR EDUCATION REFORM INDEPENDENT EXPENDITURE POLITICAL ACTION COMMITTEE	137 Lewis Wharf Boston, MA 02110	CONTRIBUTION		60,000.00
08/08/2016	DEMOCRATS FOR EDUCATION REFORM INDEPENDENT EXPENDITURE POLITICAL ACTION COMMITTEE	137 Lewis Wharf Boston, MA 02110	CONTRIBUTION		200,000.00
					CA
			à		MPAIG
					& PO
			Total expenditures/contributions on the		260,000.00
			Total expenditures/contributions previously	reported	50,000.00
			Total avitandituras/contribution	e to data	310,000,00

^{*}Inkind contributions (donations of goods or services) should be included in this list.

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Date Incurred	To Whom Due	Address	Purpose	Amount
			2n A	
			AU6 29 POL	
			# 18 AR	
			Total liabilities on this report	0.00
		Total liabiliti	es previously reported and currently outstanding	0.00
			Total outstanding liabilities**	0.00

^{*} A liability exists and must be reported if the association or group has received a good or service that it has not paid for, even if the association or group has not received a bill or invoice. If the amount of the liability has not been determined or is in dispute, the liability should be estimated or reported as "to be determined" or "in dispute."

I certify that this report is a true statement of the amount or value of every gift, payment, expenditure or contribution or promise to give, pay, expend or contribute, together with the date, purpose, and full name and address of the person to whom it was made.

Signed under the penalties of perjury:

	Date:	8/24/16	Name:
Signature of Officer		(MM/DD/YYYY)	

WHO NEEDS TO FILE THIS FORM?

Once an organization has made political contributions or expenditures or incurred liabilities to support candidates or political committees in excess of the "incidental threshold" (i.e., \$15,000 or 10% of such organization's gross revenues for the previous year, whichever is less), a duly qualified officer must file this report. The report must disclose all contributions and expenditures made and liabilities incurred during the calendar year. The obligation to file a report continues for each year thereafter until the year after a year in which the incidental threshold is not reached.

WHERE SHOULD THIS FORM BE FILED?

State and County Candidates or Committees: If contributions or expenditures are made to support or oppose state or county candidates or committees this form should be filed with OCPF.

Municipal Candidates or Committees: If contributions or expenditures are made to support or oppose municipal candidates or committees this form should be filed with the city or town clerk or election commission.

WHERE CAN I GET MORE INFORMATION?

You can view or download OCPF Interpretive Bulletin IB-88-01 from the Legal Resources section of OCPF's website at www.mass.gov/ocpf. Call OCPF at (617) 979-8300 or (800) 462-OCPF.

Shavar Jeffreies

^{**} The final report must show zero liabilities.