



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: 10/16/2021 Ending Date: 12/31/2021

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

MOLLY O MCCULLOUGH
Candidate Full Name (if applicable)
WORCESTER SCHOOL COMMITTEE
Office Sought and District
SHOCKANUM WAY 01606
Residential Address
E-mail: mollyom81@gmail.com
Phone # (optional): _____

COM TO ELECT MOLLY MCCULLOUGH
Committee Name
MARYLIZ O'BRIEN
Name of Committee Treasurer
SHOCKANUM WAY 01606
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2509.09</u>
Line 2: Total receipts this period (page 3, line 11)	<u>3125.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5634.09</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2861.12</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3072.97</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>BERKSHIRE BANK</u>

RECEIVED
MAY 20 11 12 AM '22
CITY OF WORCESTER

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: Maryliz O'Brien (Treasurer's signature) Date: 1/18/2022

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: Maryliz O'Brien (Candidate's signature) Date: 1/19/2022

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/20/21	PAUL BOLTON 691 GARY FORT LN 01602	100	
10/19/21	NICHOLAS CHACARON 2 MEADOW BROOK RD 01609	100	
10/22/21	GERALD CREAMER 18 JOB CUSHING RD SHREWSBURY MA 01545	100	
10/22/21	JEANE ESLER 01540 10 POINTWAY SUTTON MA	1,000	PSYCHOLOGIST. RELIANT MED 5 NEPONSETT ST 01606
10/22/21	JOHN ESLER 01540 10 POINTWAY SUTTON MA	1,000	RETIRED
10/31/21	ANGELA MOORE 158 KING PHILIP RD 01606	75	
10/31/21	MAUREEN ROSE 14 JUBILEE DR 01609	100	
10/31/21	PAUL SULLIVAN 01605 17 GOLDTHWAITE RD	100	
10/31/21	SETH WELCOM 712 SAUSBURY ST 01604	250	REALTOR RE/MAX VISION 01545 181 MAIN ST SHREWSBURY MA
Line 9: Total Receipts over \$50 (or listed above)		2825	
Line 10: Total Receipts \$50 and under* (not listed above)		300	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3125	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/8/21	MOLLY MCCULLOUGH	5 HOCKANUM WAY 01606	REIMBURSEMENT	332.49
11/2/21	RESTAURANT PIZZA WORKS	456 GROVE ST 01605	FOOD FOR WORKERS	150
11/30/21	WEDF	210 PARK AVE #224 01609	EVENT	75
11/4/21	WPLF	3 SALEM SQ 01608	EVENT	125
10/27/21	EAST COAST PRINTING	2 KEITHWAY #5 HINGHAM MA 02043	SIGNS + MAILERS	1,700
Line 12: Total Expenditures over \$50 (or listed above)				2,382.49
Line 13: Total Expenditures \$50 and under* (not listed above)				178.63
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				2561.12

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over \$50 (or listed above)	
--	--

Line 16: In-Kind Contributions \$50 & under (not listed above)	
--	--

Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CONTRIBUTIONS	
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* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7 →



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <u>11/18/2021</u>
Name of Individual Being Reimbursed:	<u>Molly O McCullagh</u>
Committee Name:	<u>COMM TO Elect Molly McCullagh</u>
CPF ID Number (if applicable):	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
<u>11/2/21</u>	<u>Dunkin Donuts</u>	<u>76 West Bayksten St 01606</u>	<u>Food + Beverage Workers</u>	<u>57.62</u>
<u>9/14/21</u>	<u>Lock 50</u>	<u>80 Water St 01604</u>	<u>Event for High Risk Youth</u>	<u>125-</u>
<u>11/2/21</u>	<u>MacDonalds Tavern</u>	<u>440 Grove St 01605</u>	<u>Food + Beverage Volunteers / workers</u>	<u>74.75</u>

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<u>257.37</u>
	Line 2: Expenditures \$50 or under (not itemized):	<u>75.12</u>
	Line 3: TOTAL AMOUNT REIMBURSED:	<u>332.49</u>

Signed under the penalties of perjury:	
 Signature of Candidate / Treasurer	Date: <u>11/18/2021</u>

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Worcester City Clerk

Corrected

Fill in Reporting Period dates: Beginning Date: 11/1/2021 Ending Date: 10/15/2021
File with: City or Town Clerk or Election Commission

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

MOLLY O MCCULLOUGH
Candidate Full Name (if applicable)
WORCESTER SCHOOL COMMITTEE
Office Sought and District
SHOCKANUM WAY 01606
Residential Address
E-mail: _____
Phone # (optional): _____

COM TO ELECT MOLLY MCCULLOUGH
Committee Name
MARYLIZ O'BRIEN
Name of Committee Treasurer
SHOCKANUM WAY 01606
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1388.75</u>
Line 2: Total receipts this period (page 3, line 11)	<u>4005.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5393.75</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2884.66</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2509.09</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>BERKSHIRE BANK</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: Maryliz O'Brien (Treasurer's signature) Date: 10/29/21

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: 10/29/21

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/2/2021	MARY LOU ANDERSON 17 BANCROFT TOWER RD 01604	100	
10/14/21	" "	100	
6/2/21	MORRIS A BERGMAN 11 KENSINGTON HTS 01602	100	
6/2/21	MARGARET GAUCHER 156 FIRESIDE LN HOLDEN MA 01520	100	
6/3/21	ALISSA DURKAN 3 LAUREL WOOD DR 01605	100	
6/2/21	DENNIS FERRANTE 23 GRACE AVE SARENSBURG MA 01545	100	
5/30/21	KATIE FRIENDS 5 ST PAUL ST 01602	100	
6/2/21	NANCY HOVHANNESIAN 4 DENNIS DR 01606	150	
6/9/21	JAMIE KACH 7 VALENTE DR 01604	100	
10/14/21	MICHAEL LANAVA 877 GROVE ST TER 01606	125	
10/14/21	JENNY LEE 10 SANTUIT LN 01606	60	
6/2/21	ANGELA MOORE 01604 158 KING PHILIP RD	150	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/2/21	TIMOTHY P MURRAY 11 KINNICKUT RD 01602	100	
6/2/21	JAMES D O'BRIEN JR 807 KITTERING WAY 01609	250	ATTORNEY, MOUNTAIN DEARBORN & WHITING 370 MAIN ST
10/14/21	" "	250	WORCESTER 01608 " "
6/2/21	KATHERINE OLNEY 32 FRANCONIA ST 01602	100	
10/14/21	SHERRI PITCHER 42 FOREST ST 01609	75	
6/2/21	TIMOTHY QUINN 8 CABLESTONE LN 01606	250	OWNER, QUINN'S IRISH PUB 715 W. BOYLSTON ST 01606
6/2/21	THOMAS QUINN 01609 770 SALISBURY ST #420	75	
10/14/21	" "	100	

Line 9: Total Receipts over \$50 (or listed above)	2485
Line 10: Total Receipts \$50 and under* (not listed above)	1520
Line 11: TOTAL RECEIPTS IN THE PERIOD	4005

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/14/21	JESSE BURKETT LITTLE LEAGUE	PO Box 20790 WEST SIDE STA 01602	SPONSOR	2.50
6/9/21	J MICHAEL COTTER	160 HAMPTON ST AUBURN MA 01501	CATERING	250
9/24/21	EAST COAST PRINTING	2 KEITH WAY #5 HINGHAM MA 02043	SIGNS	759.64
3/8/21	DONALD HUBAN	5 HOCKANUM WAY 01606	REIMBURSEMENT	273.49
2/16/21	MOLLY MCCULLOUGH	5 HOCKANUM WAY 01606	REIMBURSEMENT	125
6/2/21	MOLLY MCCULLOUGH	" "	" "	318.95
9/14/21	MOLLY MCCULLOUGH	" "	" "	388.25
10/4/21	O'CONNORS RESTAURANT	1160 W BOYLSTON ST 01606	PARTY	333.70
8/6/21	WORCESTER DEM CITY COMMITTEE	40 OAKWOOD LN 01604	MEMBERSHIP DUES	150
Line 12: Total Expenditures over \$50 (or listed above)				2849.08
Line 13: Total Expenditures \$50 and under* (not listed above)				35.58
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2884.66

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: 3/8/21
Name of Individual Being Reimbursed: DONALD HUBAN	
Committee Name: COMMITTEE TO ELECT MOLLY MCCULLOUGH	
CPF ID Number (if applicable): 	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/1/21	NATIONAL PEN	12121 SCRIPPS SUMMIT DR SAN DIEGO CA 92171	PENS	273.49

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	273.49
	Line 2: Expenditures \$50 or under (not itemized):	0
	Line 3: TOTAL AMOUNT REIMBURSED:	273.49

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/29/21

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 2/13/21, 6/2/21, 9/12/21

Name of Individual Being Reimbursed: MOLLY MCCULLOUGH

Committee Name: COMMITTEE TO ELECT MOLLY MCCULLOUGH

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/13/21	BURNCOAT HIGH SCHOOL	174 BURNCOAT ST 01606	YEARBOOK SPONSOR	125
6/2/21	USPS		STAMPS	110
"	BJ'S	NORTHBOROUGH MA	PARTY FOOD	142.10
"	STAPLES	WORCESTER MA	COPIES	55.16
9/12/21	WIX	500 TERRY A FRANCIS BLVD SAN FRANCISCO CA 94158		348.25

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	780.51
	Line 2: Expenditures \$50 or under (not itemized):	51.69
	Line 3: TOTAL AMOUNT REIMBURSED:	832.20

igned under the penalties of perjury:

/ Marilyn Oke

Signature of Candidate/Treasurer

Date: 10/29/21

Please prepare a separate report for each reimbursement check issued by the committee.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

Enter on page 1, line 6 →

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Received
Worcester City Clerk

2021 007 05 11 10:15
File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2021 Ending Date: 10/15/2021

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

MOLLY O MCCULLOUGH
Candidate Full Name (if applicable)
WORCESTER SCHOOL COMMITTEE
Office Sought and District
SHOCKANUM WAY 01606
Residential Address
E-mail: _____
Phone # (optional): _____

COM TO ELECT MOLLY MCCULLOUGH
Committee Name
MARYLIZ O'BRIEN
Name of Committee Treasurer
SHOCKANUM WAY 01606
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1388.75</u>
Line 2: Total receipts this period (page 3, line 11)	<u>3969.42</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5358.17</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2849.08</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2509.09</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>BERKSHIRE BANK</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: Maryliz O'Brien (Treasurer's signature) Date: 10/22/21

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: 10/22/21

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/3/21	MARY LOU ANDERSON 17 BANCROFT TOWER RD 01604	100	
10/14/21	" " "	100	
6/3/21	MORRIS A BERGMAN 11 KENSINGTON HTS 01602	100	
6/3/21	MARGARET GAUCHER 156 FIRESIDE LN HOLDEN MA 01520	100	
6/3/21	ALISSA DURKAN 3 LAURELWOOD DR 01605	96.05	
6/2/21	DEWIS FERRANTE 23 GRACE AVE SARENSBURY MA 01545	96.05	
5/30/21	KATIE FRIEND 5 ST PAUL ST 01602	96.05	
6/2/21	ANACK HOVHANNESIAN 4 DENNIS DR 01606	144.07	
6/9/21	JAILIE KACH 7 VALENTE DR 01604	96.05	
10/14/21	MICHAEL LANAVA 877 GROVE ST TERR 01606	125	
10/14/21	JENNY LEE 10 SANTUIT LN 01606	60	
6/2/21	ANGELA MOORE 158 KING PHILIP AVE 01606	144.07	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/3/21	TIMOTHY P. MURRAY 11 KINNICUT RD 01602	100	
6/3/21	JAMES D O'BRIEN JR 807 KITTERING WAY 01609	250	ATTORNEY, MOUNTAIN DEAR BORN & WHITING 370 MAIN ST 01008
10/14/21	" "	250	" "
6/3/21	KATHERINE OLNEY 32 FRANCONIA ST 01602	100	
10/14/21	SHERI PITCHER 42 FOREST ST 01609	75	
6/3/21	TIMOTHY QUINN 8 COBBLESTONE LN 01606	250	
6/3/21	THOMAS QUINN 770 SALISBURY ST #420 01609	75	
10/14/21	" "	100	

Line 9: Total Receipts over \$50 (or listed above)	2467.34
Line 10: Total Receipts \$50 and under* (not listed above)	1512.08
Line 11: TOTAL RECEIPTS IN THE PERIOD	3969.42

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/14/21	JESSE BURKETT LITTLE LEAGUE	PO BOX 20790 WESTSIDE STATION 01602	SPONSOR	250
6/9/21	J. MICHAEL COTTER	160 HAMPTON ST AUBURN 01501	CATERING	250
9/24/21	EAST COAST PRINTING	2 KEITH WAY #5 HINGHAM MA 01943	SIGNS	759.69
3/8/21	DONALD HUBAN	5 HOCKANUM WAY 01606	REIMBURSEMENT	273.49
2/14/21	MOLLY MCCULLOUGH	5 HOCKANUM WAY 01606	REIMBURSEMENT	125
6/2/21	" "	" "	" "	38.95
9/14/21	" "	" "	" "	388.25
10/14/21	O'CONNORS RESTAURANT	1160 W BOYLSTON ST 01606	PARTY	333.70
8/6/21	WORCESTER DEM CITY COMMITTEE	40 OAKWOOD LN 01604	MEMBERSHIP	150
Line 12: Total Expenditures over \$50 (or listed above)				2849.08
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2849.08

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: 3/8/21
Name of Individual Being Reimbursed: DONALD HUBAN	
Committee Name: COMMITTEE TO ELECT MOLLY McCULLOUGH	
CPF ID Number (if applicable): 	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
✓	NATIONAL PEN	12121 SCRIPPS SUMMIT SAN DIEGO CA 92131	PENS	273.49

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	273.49
	Line 2: Expenditures \$50 or under (not itemized):	0
	Line 3: TOTAL AMOUNT REIMBURSED:	273.49

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/22/21

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

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of Massachusetts

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Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 2/13/21, 6/2/21

Name of Individual Being Reimbursed: MOLLY MCCULLOUGH

Committee Name: COMMITTEE TO ELECT MOLLY MCCULLOUGH

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/13/21	BURNCOAT HIGH SCHOOL	174 BURNCOAT ST 01606	YEARBOOK SPONSOR	125
6/2/21	USPS		STAMPS	110
"	BJ'S	NORTHBOROUGH MA	PARTY FOOD	142.10
"	STAPLES	WORCESTER MA	COPIES	55.16
9/12/21	WIX	500 TERRY A FRANCIS BLVD SAN FRANCISCO CA 94158		348.25

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	780.51
Line 2: Expenditures \$50 or under (not itemized):	51.69
Line 3: TOTAL AMOUNT REIMBURSED:	832.20

Signed under the penalties of perjury:

Signature of Candidate/Treasurer

Date: 10/22/21

Please prepare a separate report for each reimbursement check issued by the committee.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over \$50 (or listed above)	
Line 16: In-Kind Contributions \$50 & under (not listed above)	
Line 17: TOTAL IN-KIND CONTRIBUTIONS	

Enter on page 1, line 6 →

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)