



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2017 JAN 03 PM 4:48

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="231.51"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="231.51"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="164.08"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="67.43"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="3,177.45"/>
Line 8: Name of bank(s) used:	<input type="text" value="Commerce Bank"/>

**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:  (Treasurer's signature) Date:

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with Committee and no activity independent of the 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.

**Candidate without Committee OR Candidate with independent activity filing separate report**  
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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:  (Candidate's signature) Date:















Commonwealth of Massachusetts

Received  
Worcester City Clerk  
2016 JAN 21 AM 10:32

# 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: Jan 1, 2015 Ending Date: 12/31/15

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

Hilda Ramirez  
Candidate Full Name (if applicable)  
Worcester School Committee  
Office Sought and District  
10 South Ward St Wore MA 01610  
Residential Address  
Telephone Number (optional): 508.410.6015

Committee to Elect Hilda Ramirez  
Committee Name  
Andrea Suarez  
Name of Committee Treasurer  
10 South Ward St Wore MA 01610  
Committee Mailing Address  
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	\$ 242.75
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	\$ 242.75
Line 4: Total expenditures this period (page 5, line 14)	\$ 175.32
Line 5: Ending Balance (line 3 minus line 4)	\$ 67.43
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	\$ 3,983.07
Line 8: Name of bank(s) used:	<u>Commerce 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: [Signature] (Treasurer's signature) Date: 1/20/16

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**  
 Candidate with Committee and no activity independent of the 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.  
 Candidate without Committee OR Candidate with independent activity filing separate report  
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 committee in accordance with the requirements of M.G.L. c. 55.  
Signed under the penalties of perjury: Hilda Ramirez (Candidate's signature) Date: 1/20/16







### 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
4/22/11	Hilda Ramirez	10 South Ward WVC MA 01610	Reimbursement for payment to QuickStop	459.8
5/2/11	Hilda Ramirez		Repayment for loan thru cash	150.00
9/6/11	Hilda Ramirez	" "	Repayment for loan thru cash contribution	180.00
11/14/11	Hilda Ramirez	" "	Repayment for loan thru cash contribution	200.00
10/18/11	Hilda Ramirez	" "	Repayment for loan thru cash contribution	\$ 2,187.65
5/15/15	Hilda Ramirez	" "	Reimbursement for payment to QuickStop	\$ 154.07
5/29/15	Hilda Ramirez	" "	Reimbursement for payment to GILL on the Hill	\$ 639.3
6/3/15	Hilda Ramirez	" "	Reimbursement for payment for stamps	\$ 12.25
				\$ 3,983.07
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	\$ 3,983.07



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:  Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="231.51"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="3,015.62"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="3,247.13"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="3,004.38"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="242.75"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="100"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="3,983.07"/>
Line 8: Name of bank(s) used:	<input type="text" value="COMMERCE BANK"/>

**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 of on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:  (Treasurer's signature) Date:

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with Committee and no activity independent of the 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.

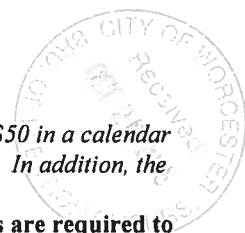
**Candidate without Committee OR Candidate with independent activity filing separate report**  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:  (Candidate's signature) Date:

## 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.*

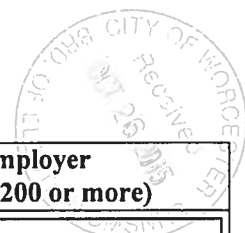
**(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)**



Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
May 29, 2015	SUSAN J BLACK 48 HILLTOP CIRCLE WORCESTER, MA 01609	100	
May 29, 2015	MAURICE J. BOISVERT 491 WEST MAIN ST SHREWSBURY, MA 01545	50	
May 29, 2015	MIRYAM YENNETH DIAZ CARILLO 366 WILDWOOD AVE WORCESTER, MA 01603	100	
Jun 8, 2015	AARON M. MENDEL & MATTIE CASTIEL 259 SALISBURY ST HOLDEN, MA 01520	50	
6/1/5	LINDA A CAVAIOLI 22 NORTHBRIDGE ST WORCESTER, MA 01603	100	
May 29, 2015	HENRY A CHAMBERLAIN 104 MORELAND ST WORCESTER, MA 01609	50	
May 29, 2015	JAMES CUADRADO 24 DOUGLAS ST WORCESTER, MA 01603	50	
May 29, 2015	MICHAEL FOGLIA 9 LITTLE POND RD NORTHBOROUGH, MA 01532	250	ATTORNEY FOGLIA & ASSOCIATES FRAMINGHAM, MA
Sep 16, 2015	JOEL & CAROL GOODMAN 6 FINEMORE RD WORCESTER, MA 01609	50	
May 29, 2015	SIMON H. GREGORY PO BOX 1900 JEFFERSON, MA 01522	100	
Sep 30, 2015	JESSE LEIDEL 32 BERKMAN ST WORCESTER, MA 01602	50	
May 29, 2015	ELVIS & MARIA LOPEZ 94 MCCLELLAN RD SUTTON, MA 01590	50	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← 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)
May 29, 2015	MIGUEL LOPEZ 128 KENWOOD DR RUTLAND, MA 01543	100	
May 29, 2015	ROBERT MONEGRO 1000 MAIN ST WORCESTER, MA 01603	300	OWNER SANTIAGOS PLAZA
May 29, 2015	ESPERANZA DONOVAN PENDZIC 7 BARROWS RD WORCESTER, MA 01609	100	
5/13/15 to 6/3/15	HILDA RAMIREZ (LOAN) 10 SOUTH WARD ST WORCESTER, MA 01610	805.62	ASSISTANT DIRECTOR LATINO EDUCATIONAL INSTITUTE
May 29, 2015	LAURIE ROSS 385 MAY ST WORCESTER, MA 01602	50	
Jun 12, 2015	ELIZABETH TOMASZEWSKI PO BOX 2741 WORCESTER, MA 01613	60	
Jun 12, 2015	AGUSTINA VELAZQUEZ 90 MORELAND GREEN DRIVE WORCESTER, MA 01609	100	
May 29, 2015	CARMEN DOLLY VAZQUEZ 4 ASH ST WORCESTER, MA 01603	50	
May 29, 2015	DR. JANICE B. YOST 55 WHISPER DR WORCESTER, MA 01609	50	

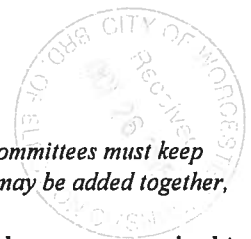
Line 9: Total Receipts over \$50 (or listed above) 2,615.62

Line 10: Total Receipts \$50 and under\* (not listed above) 400

**Line 11: TOTAL RECEIPTS IN THE PERIOD** **3,015.62**

← 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
Jun 24, 2015	CAFE REYES	421 SHREWSBURY ST WORCESTER, MA 01609	MARKETING EVENTS	100
Jun 16, 2015	CENTRO LAS AMERICAS	11 SYCAMORE ST WORCESTER, MA 01608	MARKETING LATIN AMERICAN FESTIVAL AD	200
Jun 19, 2015	CENTRO LAS AMERICAS	11 SYCAMORE ST WORCESTER, MA 01608	MARKETING LATIN AMERICAN FESTIVAL AD	50
May 29, 2015	GRILL ON THE HILL	1929 SKYLINE DR WORCESTER, MA 01605	CAMPAIGN KICK-OFF EVENT	639.3
May 13, 2015	QUICKSTOP PRINTING	340 SHREWSBURY ST WORCESTER, MA 01604	INVITATIONS FOR EVENT	154.07
Aug 18, 2015	QUICKSTOP PRINTING	340 SHREWSBURY ST WORCESTER, MA 01604	LAWN SIGNS	520.63
Sep 14, 2015	QUICKSTOP PRINTING	340 SHREWSBURY ST WORCESTER, MA 01604	PALM CARDS	1,328.13
Line 12: Total Expenditures over \$50 (or listed above)				2,992.13
Line 13: Total Expenditures \$50 and under* (not listed above)				12.25
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>3,004.38</b>

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

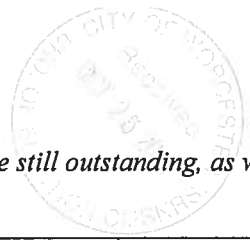






## SCHEDULE D: LIABILITIES

*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
Apr 22, 2011	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REIMBURSEMENT FOR PAYMENT TO QUICKSTOP	459.8
May 2, 2011	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REPAYMENT FOR LOAN PRIOR CASH CONTRIBUTIONS	150
Sep 6, 2011	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REPAYMENT FOR LOAN PRIOR CASH CONTRIBUTIONS	180
Nov 14, 2011	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REPAYMENT FOR LOAN PRIOR CASH CONTRIBUTIONS	200
Oct 18, 2011	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REPAYMENT FOR LOAN PRIOR CASH CONTRIBUTIONS	2,187.65
May 15, 2015	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REIMBURSEMENT FOR PAYMENT TO QUICKSTOP	154.07
May 29, 2015	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REIMBURSEMENT FOR PAYMENT TO GRILL ON THE HILL	639.3
Jun 3, 2015	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REIMBURSEMENT FOR PAYMENT FOR STAMPS	12.25
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	3,983.07