

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1/1/2020 Ending Date: 12/31/2020
Type of Report: (Check one) [] 8th day preceding preliminary [] 8th day preceding election	on 30 day after election year-end report dissolution
Candidate Full Name (if applicable) WCRCESTER SCHOOL COMMITTED Office Sought and District	Name of Committee Treasurer
5 HOCKANUH WAY 01606 Residential Address	5 HOCKANUH WAY 01606 Committee Mailing Address
E-mail:	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALA	ANCE INFORMATION:
Line 1: Ending Balance from previous report	3213.58
Line 2: Total receipts this period (page 3, line	e 11)
Line 3: Subtotal (line 1 plus line 2)	3213.58
Line 4: Total expenditures this period (page 5	5, line 14) /824. 83
Line 5: Ending Balance (line 3 minus line 4)	1388.75
Line 6: Total in-kind contributions this period	d (page 6)
Line 7: Total (all) outstanding liabilities (pag	
Line 8: Name of bank(s) used: BER	KSHIRE BANK
	the best of my knowledge and belief, a true and complete statement of all campaign finance n-kind contributions and liabilities for this reporting period and represents the campaign sittee in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (chec	k 1 box only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report.	is, to the best of my knowledge and belief, a true and complete statement of all campaign finance to in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, porting period that are not otherwise disclosed in this report.
finance activity, including contributions, loans, receipts, expenditures, disburst campaign finance activity of all persons acting under the uthority or on behalf	s, to the best of my knowledge and belief, a true and complete statement of all campaign ements, in-kind contributions and liabilities for this reporting period and represents the if of this candidate in accordance with the requirements of M.G.L. c. 55.

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)
	(arphabotan noting requires)		(103 0031110110 01 0200 01 111010)
			/
:			
ine 9: Total Recei	pts over \$50 (or listed above)	0	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	0	
ine 11: TOTAL R	RECEIPTS IN THE PERIOD	0	← 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.)

report an expend	litures. Please include your comm	ittee name and a page number on	each page.)	
	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1/15/20	COPS FOR KIDS WITH CANCER	CLINTON C.D. 176 CHESTNUTST CLINTON HA-OIS	CONTRIBUTION	150
3/26/20	(FOR FRONTYNE)	CITY OF WORL EYER COMM MAN OCOPPAGE DR 01603	CONTRIBUTION	100
1/9/20	THOMAS MOCULIONEH	770 SAUSBURYST #212 01609	REIMBURSEHENT	64.83
3/12/20	QUINNS IRISH PUB	715 W BOYLSTON ST 01606	PARTY FOOD	410
5/28/20	TATNLOCK SR RUTH	CLOERICGOLDSTEIN SYWHISPERDR DIG	SPONSOR	150
5/28/20	WILSON BOWLING + SPORTING	255 SHR TW SBURYS 01604	SHIRTS AND SIGNS	700
2/25/20	LEORG CNTYST PATS PARADE COMM	PO BOX20708 01602	SANSOR	125
5/7/20	11	185 HOPE ALT 01603	HARCHING FEE	125
		Line 12: Total Expenditures ov	er \$50 (or listed above)	1824.83
		Line 13: Total Expenditures \$50	and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		1824.83

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

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Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

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: 1/9 2020							
Name of Individual Being	Reimbursed:	HOMAS ACCULLOUGH	· •				
Committee Name:		MITTEE TO ELECT		DUGH			
CPF ID Number (if applica	ble):	Telephone N	lumber (optional):				
	ITEMIZ	ZE EXPENDITURES IN EXCESS	G OF \$50				
Date Paid	Date Paid Vendor Name Vendor Address Purpose of Expenditure Amount						
(Includ	e items listed on Page 2) →	Line 1: Expenditures in excess of \$	50 (itemized above):				
	Line 2: Expenditures \$50 or under (not itemized):						
Line 3: TOTAL AMOUNT REIMBURSED: 64.83							
igned under the penalties of perjury: Mary Date: 1/14/2021 Signature of Candidate / Treasurer Treasurer							

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
				7
		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 $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

^{*} 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.

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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
			/	
				L
		The state of the s		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachus	etts		File with: City or 1	Town Clerk or Election Commission
Fill in Re	eporting Period dates: Beginning Date: 10	119/20		131/2019
Type of I	Report: (Check one)			
☐ 8th day	preceding preliminary 8th day preceding election	☐ 30 da	ay after election year-end	report dissolution
51	Candidate Full Name (if applicable) RCESTER SCHOOL COHHITTEE Office Sought and District HOCKANUH WAY 01606 Residential Address		Committee Name of Committee To Hock ANUM WAY Committee To Committee To Committee Mailing A	reasurer
E-mail: Phone # (opti	ional):	E-mail:	(optional):	
	SUMMARY BALANC	E INFO	ORMATION:	
	Line 1: Ending Balance from previous report		3624.15	
	Line 2: Total receipts this period (page 3, line 11)) : I	1225.00	
	Line 3: Subtotal (line 1 plus line 2)		4849.15	73 8
	Line 4: Total expenditures this period (page 5, lin	le 14)	1635.57	Rece Norastor
	Line 5: Ending Balance (line 3 minus line 4)		3213.58	T O Z
	Line 6: Total in-kind contributions this period (pa	ige 6)	Ø	R tyd
	Line 7: Total (all) outstanding liabilities (page 7)		ø	2:00 Clerk
	Line 8: Name of bank(s) used: BELKS/41	RE B	MANK	
I certify that I activity, inclu finance activi Signed under	Committee Treasurer: I have examined this report including attached schedules and it is, to the best iding all contributions, loans, receipts, expenditures, disbursements, in-kind ity of all persons acting under the authority or on behalf of this committee in the penalties of perjury:	contribution accordance	ns and liabilities for this reporting period a	
I certify activity,	ate with Committee that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in act any liabilities nor made any expenditures on my behalf during this reporting	ccordance w	with the requirements of M.G.L. c. 55. I have	ive not received any contributions,
I certify finance a campaig	that I have examined this report including attached schedules and it is, to the activity, including contributions, loans, receipts, expenditures, disbursement in finance activity of all persons acting under the authority or on behalf of the report is the penalties of perjury:	s, in-kind co	ontributions and liabilities for this reportin	g period and represents the

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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
11/1/19	MICHAEL ANGELINI BILMAINST 01608	100	
11/4/19	ANTHONY ATHY 34 BERWICK ST 0/602	100	
11/1/19	PAUL BOLTON O1602 69TORY FORTLN	100	
11/1/19	SARAH HEBERT 23 ELNORA DR 21606	100	
nlilig	NANCY HOVHANESIAN 4 DEANIS DR 01606	200	RETIRED
11/1/19	LINCOLN MACDONALD 440GROVEST 01605	100	
11/19	SEVENHILLS VENTURES INC 112GREENST 01604	125	
Line 9: Total Recei	pts over \$50 (or listed above)	825.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	400.00	
	RECEIPTS IN THE PERIOD	1225.00	← 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.)

report all expenditures. Please include your committee name and a page number on each page.)				
Data Baid	To Whom Paid		D C.E 114	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
11/26/19	BURNCOAT	179 BURNCOAT ST	DANCE TEAM	1/2-2
1.72217	HIGH SCHOOL	01606		100
			b (
12/27/19	CITY OF	455 MAINST ROOM	INAUGURAL	250
1 117	WARCESTER	WARCESTER 01608	77071080141	
11/8/19	Dag (4) S. 11, 10 a. 2	5 HOCK ANUM WAY	ELECTION DAY	
118119	DONALD HUBAN	01606	EXPENSES	330-12
		Clo-TANE DOWD	011000	
10/24/19	FOREST GROVE		10-1100	wo
1271119	MEZI) HOCKEY	12 DELLWOOD RD	SPONSOR	
	GRAFION ST SCHOOL			
11/4/19	"	J. Carri	SPONSOR	100
	DYG	01604		
1/26/19	PIZZAWORKS	456 GROVE ST	Food	7
11/26/19	177-0710000	01605		300
10/20/19	WORCESTER	1/MELVILLE ST	CAMPAIGN AD	250
	SPORTS SCENE	01605		230
411	4:0007750	100 GROVE ST	MEAT RAFFLE	
118/19	WORCESTER	II I	SPONSON_	125
	UNION	01605	7-010202_	7-3
\				
		11 12-7- 12- 12-	0.50 (12 (1.1)	
		Line 12: Total Expenditures ov	'er \$50 (or listed above)	1555.12
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	80.45
				00.75
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1635.57

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

Page 4



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

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	f Reimbursement: ///g-//	9		
Name of Individ	Name of Individual Being Reimbursed: DONALD HUBAN					
Committee Nam	cot	MITTEE TO ELECT	MOLLY MCCULLOU	6 H		
CPF ID Number	(if applicable):	Telephone Nu	umber (optional):			
	ITEMIZ	LE EXPENDITURES IN EXCESS	OF \$50			
Date Paid Vendor Name Vendor Address Purpose of Expenditure Amount						
11/6/19	WONCESTER FITTVESS	440 GROVE ST 01605	BAR BILL AND BRATUITY	250		
·-	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$	50 (itemized above):	2.80		
		Line 2: Expenditures \$50 or under	(not itemized):	50.12		
Line 3: TOTAL AMOUNT REIMBURSED: 330.12						
Signed under the penalties of perjury:						
	Signature of Candid	date / Treasurer	Date:	14/2020		



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

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.

CPF ID Number (if applicable): Telephone Number (optional): ITEMIZE EXPENDITURES IN EXCESS OF \$50	<i>‡</i>
Committee Name: Committee Name: Committee To ELECT MOUY MCCVLLOUGH Telephone Number (optional): ITEMIZE EXPENDITURES IN EXCESS OF \$50	+
ITEMIZE EXPENDITURES IN EXCESS OF \$50	/
Date Paid Vendor Name Vendor Address Purpose of Expenditure A	
	Amount
(Include items listed on Page 2) Line 1: Expenditures in excess of \$50 (itemized above):	
Line 2: Expenditures \$50 or under (not itemized):	30.45
Line 3: TOTAL AMOUNT REIMBURSED:	30.45
Signed under the penalties of perjury:	The state of
Signature of Candidate (Treasurer	2020

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
	III			
	=			
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

^{*} 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.

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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
				The state of the s
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	



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:	8/24/19 Ending Date: 10/18/19
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
MOLLY O MCCVLLOVER Candidate Full Name (il applicable) WORCESTER SCHOOL COMMITTEE Office Sought and District SHOCKANUM WAY 01606 Residential Address E-mail Phone # (optional)	COHH TO ELECT HOLLY MCCULLDUGH Committee Name HARYLIZ O'BRIEN Name of Committee Treasurer SHOCKANUM WAY 01606 Committee Mailing Address E-mail Phone # (optional)
SUMMARY BALAI	NCE INFORMATION:
Line 1: Ending Balance from previous report	3437, 34
Line 2: Total receipts this period (page 3, line	11) 1735.00
Line 3: Subtotal (line 1 plus line 2)	5/72.34
Line 4: Total expenditures this period (page 5,	line 14) /548, 19
Line 5: Ending Balance (line 3 minus line 4)	3624.15
Line 6: Total in-kind contributions this period	(page 6) Ø
Line 7: Total (all) outstanding liabilities (page	
Line 8: Name of bank(s) used: BEKKS/	HRE BANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-k finance activity of all persons acting under the authority or on behalf of this committee. Signed under the penalties of perjury:	best of my knowledge and belief, a true and complete statement of all campaign finance cind contributions and liabilities for this reporting period and represents the campaign see in accordance with the requirements of M G L c 55 (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	l box only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this repo	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M G L c 55. I have not received any contributions, orting period that are not otherwise disclosed in this report.
Candidate without Committee 1 certify that I have examined this report including attached schedules and it is, the finance activity, including contributions, loans, receipts, expenditures, disbursen campaign finance activity of all persons acting under the authority or on behalf of the contributions.	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M G L c 55
Signed under the penalties of perjury:	(Candidate's signature) Date: 10 24 19

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
10/2/19	MARY LOW ANDERSON 17 BANCROFT TOWER PD 01604	100	
10/2/19	GERALD CREAMER 1850BLUSHING RD SHREWSBURY 01545	100	
10/2/19	JO-ANNE CRONIN 181 DAKS; SHREWSBURY 01545	100	
10/2/19	SHEILALEONARD 10 LENDY ST 01602	100	
10/2/19	BRIAN MCSHEA SIFAREST ST 01609	100	
10/2/19	MARGARET MULHERAN 7 MERCURY DR 01605	100	
10/2/19	TIMOTHY MURRAY II KINNICUTTRD O1602	200	PRESIDENT, WORL AREA CHAMBER OF CONHERCE
10/499	JOHN NAUGHTEN 54 WILSON ST SPENCER OSE	100	
10/2/19	JMFSD. B'BRIEN JRZ 34 DRURYLN O1609	250	ATTORNEY, HOUNTAIN, DEARBORA & WHITING 370MAINST DIGOS
Line 9: Total Rec	eipts over \$50 (or listed above)	1150	
Line 10: Total Rec	ceipts \$50 and under* (not listed above)	585	T processory
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1735	← Enter on page 1, line 2
* If you have itemiz	ed receipts of \$50 and under, include them in lin	e 9. Line 10 shou	ald include only those receipts not itemized above.

^{*} 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.)

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
9/5/19	CAMPAIGNS THAT WIN	210 PARK AVE 0160g	SIGNS	827.81
10/6/19	THOHAS MCCULLOUGH	770 SALISBURY ST #212 016eg	REIHBURSEHENT	120.24
9/16/19	PIZZAWBRKS	456 GROVE ST 01606	Food	300.00
10/3/19	STEVE'S PIZZA	341 W. BOYLSTON ST W. BOYLSTON 983	Food	300.14
Line 12: Total Expenditures over \$50 (or listed above) 1548.14				1548,14
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 1546.19				

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

Page 4



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 Contribution	s 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 C	CONTRIBUTIONS	

^{*} 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.

Page 6



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 OUTSTAN	DING LIABILITIES (ALL)	



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

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: /0/1/6//	6
Name of Individu	al Being Reimbursed:	DHAS MCCULLOUGH		
Committee Name		M. TO ELECT MO	LLY HOWLLONGH	
CPF ID Number ((if applicable):	Telephone I	Number (optional):	
	ITEMIZ	ZE EXPENDITURES IN EXCES	S OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
30				
	(Include items listed on Page 2) -	Line 1: Expenditures in excess of	f \$50 (itemized above):	0
Line 2: Expenditures \$50 or under (not itemized): /20.24				
Line 3: TOTAL AMOUNT REIMBURSED: 120.24				
Signed under the penalties of perjury:				
Signature of Capitidate / Preasurer Date: 10/24/19				
Ĺ	3,			



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:	1/1/19 Ending Date: 8/23/19
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
our day preceding premiumary	
MOLLY O. MCCVLLOVGH Candidate Full Name (if applicable)	COHY. TO ELECT HOLLY MCCULLOUGH Committee Name MARYLIZ B'ROUGA
Office Sought and District	Name of Committee Treasurer
5 HOCKANUM WAY 01606	MARYLIZ O'BRIEN Name of Committee Treasurer 5 Hock ANUM WAY 01406 Committee Mailing Address
Residential Address	Committee Mailing Address
E-mail	E-mail
Phone # (optional)	Phone # (optional)
SUMMARY BALAI	NCE INFORMATION:
Line 1: Ending Balance from previous report	1322.61
Line 2: Total receipts this period (page 3, line	11) 3810.00
Line 3: Subtotal (line 1 plus line 2)	5132.61
Line 4: Total expenditures this period (page 5,	line 14) 1695, 27
Line 5: Ending Balance (line 3 minus line 4)	3437,34
Line 4: Total expenditures this period (page 5, Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period Line 7: Total (all) outstanding liabilities (page	(page 6)
Cine 7: Total (all) outstanding liabilities (page	7)
Fine 8: Name of bank(s) used: BERK	SHIRE BANK
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-k finance activity of all persons acting under the authority or on behalf of this committee.	ee in accordance with the requirements of M G L c 55
Signed under the penalties of perjury:	(Treasurer's signature) Date: 9/1/19
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	1 box only)
	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M G L c 55. I have not received any contributions, orting period that are not otherwise disclosed in this report.
	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M G L c 55
Signed under the penalties of periury: X Y WULLY OTYN CL	(Candidate's signature) Date: 9 19

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)	
	ATT		.80	
Line 9: Total Rece	eipts over \$50 (or listed above)	2800		
Line 10: Total Rec	eipts \$50 and under* (not listed above)	1010		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	3810	← 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.

2019 AMOUNTS RECEIVED OVER \$50

DATE	NAME	ADDRESS	AMOUNT
3/27/19	MARY LOU ANDERSON	17 BANCROFT TOWER RD 01609	\$ 250
3/27/19	MORRIS A BERGMAN	11 KENSINGTON HEIGHTS 01602	100
	CALLAHAN FAY AND CASV LE ST 01608	WELL FUNERAL HOME	100
3/27/19	KEVIN M DURKAN	3 LAURELWOOD DR 01605	150
7/29/19	PATRICIA JOHNSON	18 RAWSON HILL DR SHREWSBURY 01545	100 AB
3/27/19	JAIME KACH	7 VALENTE DR 01604	100 AB
3/27/19	RUSSELL LAMACCHIA	31 GRANVILLE AVE 01606	150 AB
3/27/19	MICHAEL S LANAVA	877 GROVE ST TER 01605	100
3/27/19	SUSAN M MAILMAN	24 HOLDEN ST 01605	100
3/29/19	CATHRYN MCEVOY	25 KENWOOD AVE 01606	100 AB
3/27/19	JAMES F MOORE	158 KING PHILIP RD 01606	100
3/27/19	BRIAN A O'BRIEN	162 FIRESIDE LN UNIT 66 HOLDEN MA 01520	100
3/27/19	JAMES D O'BRIEN JR	34 DRURY LN 01609	100
3/27/19	RUTH ANN OFTRING	31 CHADWICK ST 01605	100
3/27/19	KATHERINE OLNEY	32 FRANCONIA ST 01602	150
3/27/19	TIMOTHY D QUINN	8 COBBLESTONE LN 01606	500
3/27/19	PAUL SULLIVAN	17 GOLDTHWAITE RD 01605	100 AB
6/2/19	SETH WELCOM	712 SALISBURY ST HOLDEN MA 01520	100
3/27/19	ANDREW G WHEELOC	X 268 BURNCOAT ST 01606	200
3/27/19	JUDY WHITTLE	60 PURCHASE ST 01606	100 CASH
			\$ 2800

COMMITTEE TO ELECT MOLLY MCCULLOUGH 08/23/19

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

Date Paid (aphabetical listing) 5/3/14 JESSE BUNKETT HE ROY 2019 ONE 2 WEST SIDE STATION SPONSOR 5/2/19 EMERALD (CLUB REEVE REEVE NALE STATION) 5/2/19 FIT CLUB REFERENCE SPONSOR 2/3/3/19 FIT CLUB REFERENCE SPONSOR 4/2/19 MOLLY HECKLEDER STATION 6/10/19 PILANTING THE STATION 6/10/19 PILANTING THE PO BOY 60212 ONE OF SEED O	report all expenditures. Please include your committee name and a page number on each page.)					
5/3/14 JESSE BUNKETT PO BOX 201900002 SPONSOR IND 5/2/19 EMERALD (10 BOX 60129) SPONSOR 2000 3/31/19 FIT CLUB MOTORELYN CONGARM SPONSOR 175 4/2/19 MOLLY MCCULLOUGH SHOCKANUMUM RETHBURSEMENT 111.20 8/12/19 PAGID INC SEWINTER ST AD FOR WARC PRIDE EVENT 300 2/10/19 PLANTING THE PO BOX 60212 SPONSOR 2000 4/2/19 TRIS SPEAKED (1/2 RUSSELL HAMPEN HA SPONSOR 350 7/2/19 TRITINGK SR RUTT (1/2 RUSSELL HAMPEN HA SPONSOR 1000 7/2/19 TRITINGK SR RUTT (1/2 RUSSELL HAMPEN HA SPONSOR 1000 3/4/19 WEEK COUNTY ST PO BOX 20708 SPONSOR 1000 Line 13: Total Expenditures \$50 and under* (not listed above) 5/4.01		To Whom Paid				
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Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD [145, 27]	Line 13: 10tal Expenditures \$50 and under* (not listed above)		39.07			
Enter on page 1, line 4 -> Line 14: 101AL EXPENDITURES IN THE PERIOD	Enter on mage 1 line 4 -> Line 14. TOTAL EXPENDITIONS IN THE PEDIOD			111111		
	1695,2					

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

Page 4



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

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: 4/29/19					
Name of Individual Being Reimbursed: HOLLY MCCV/LOUGH Committee Name: COMMITTEE TO ELECT MOUY MCCVLLOUGH					
Committee Name:	Cor	HITTEE TO BLECT	MOLLY MCCULLOUG	H	
CPF ID Number (if applicable): Telephone Number (optional):					
	HTEMI	ZE EXPENDITURES IN EXCESS	6 OF \$50		
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above):					
Line 2: Expenditures \$50 or under (not itemized): ///. 20					
Line 3: TOTAL AMOUNT REIMBURSED: 111,20					
Signed under the po	enalties of perjury: Signature of Cardie	Maryle 8	Date:	2/1/19	

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
		*		
			1	
		Line 15: In-Kind Contributions	s 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 C	ONTRIBUTIONS	

^{*} 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.

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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 OUTSTAN	DING LIABILITIES (ALL)	