



# Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-16 Ending Date: 12-31-16

Type of Report: (Check one)

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

DONNA Colarco  
Candidate Full Name (if applicable)

SCHOOL COMMITTEE  
Office Sought and District

10 Homer St  
Residential Address

Telephone Number (optional): 508-450-0104

Committee to Elect Donna Colarco  
Committee Name

Mary Colaric  
Name of Committee Treasurer

5 Hall St  
Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>471.22</u>
Line 2: Total receipts this period (page 3, line 11)	<u>+ 4100.-</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4571.22</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>- 797.68</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3773.54</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
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: 1/20/17

#### 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: [Signature] (Candidate's signature) Date: 1/20/17

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)
1-22-16	DONNA COLGIO 10 HOMER ST WOR	200.-	educator Quinnipiac and Community
7/28-16	MARY COLAUO 5 HALL ST WORC	300-	Self Employed Dimitria Delights
11-24-16	MARY COLGIO 5 HALL ST WORC	700	Self Employed DIMITRIA DELIGHTS
11-24-16	JOHN COLGIO 5 HALL ST WORC	1000	Self Employed DIMITRIA DELIGHTS
12-5-16	HELEN KOSKINAS 7 SALISBURY HILL BLVD WOR	100.-	
12-5-16	Richard CANCELMO 30 CLEMENT ST WORC	100-	
12-6-16	PATRICIA FRATANONIC 397 PROSPECT ST SHELLESBURY, MA	200	RETIRED
12-6-16	ILIR MELKA 10 HOMER ST WORC MA	100	
12-7-16	James Egan 3 BURGESS Rd. WORC, MA	100	
12-11-16	JOHN KRICKORIAN 129 FOX HILL DR. HAIDEN, MA	75-	
12-12-16	Bill RANDEIL 201 CRANBROOK DR. HAIDEN	100-	
12-12-16	JOANNE LARSON 2A ROMOLA Rd WORC, MA	75	
Line 9: Total Receipts over \$50 (or listed above)		3050	
Line 10: Total Receipts \$50 and under* (not listed above)		350	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3400	← 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)
12-20-16	CHANEL PRUNIER 43 SHIRLEY RD SHREWSBURY, MA	200	SELF EMPLOYED CONSULTANT
12-23-16	MARY A. COLARDO 3 HOMER ST Worce. MA	500	RETIRED

Line 9: Total Receipts over \$50 (or listed above)	700 -
Line 10: Total Receipts \$50 and under* (not listed above)	0
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	700 -

← 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.

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
1-22-16	127 CONSULTING GROUP	SPENCER, MA	DATA BASE	500.-
1/9/16	NATION BUILDER	LOS ANGELES, CA	WEBSITE	19.-
2/9/16	NATION BUILDER	LOS ANGELES, CA	WEBSITE	19.-
3/9/16	NATION BUILDER	LOS ANGELES, CA	WEBSITE	19.-
4/9/16	NATION BUILDER	LOS ANGELES, CA	WEBSITE	19-
5/9/16	NATION BUILDER	LOS ANGELES, CA	WEBSITE	19-
6/9/16	NATION BUILDER	LOS ANGELES CA	WEBSITE	29-
7/9/16	NATION BUILDER	LOS ANGELES CA	WEBSITE	29.-
8/9/16	NATION BUILDER	LOS ANGELES CA	WEBSITE	28.03
12/2/16	USPS	SHREWSBURY, MA	POSTAGE	94.-
12/2/16	STAPLES	SHREWSBURY, MA	OFFICE SUPPLIES	11.15
12/28/16	RALLY.ORG		PROCESSING fee	11.50
Line 12: Total Expenditures over \$50 (or listed above)				797.68
Line 13: Total Expenditures \$50 and under* (not listed above)				<del>0</del>
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				797.68

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



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Received  
Worcester City Clerk

File with: City or Town Clerk or Election Commission  
2016 JAN 19 PM 3:42

Fill in Reporting Period dates: Beginning Date: 10-12-15 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

DONNA COLORIO  
Candidate Full Name (if applicable)  
School Committee  
Office Sought and District  
10 Homer St  
Residential Address  
Telephone Number (optional): 508-450-0104

Committee to Elect DONNA Colorio  
Committee Name  
MARY Colorio  
Name of Committee Treasurer  
5 Hall St  
Committee Mailing Address  
Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>10,076.76</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2,017.13</u>
Line 3: Subtotal (line 1 plus line 2)	<u>12,093.89</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>11,622.67</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>471.22</u>
Line 6: Total in-kind contributions this period (page 6)	<u>1300.-</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
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: Maria Colorio (Treasurer's signature) Date: 1/19/16

**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: [Signature] (Candidate's signature) Date: 1/19/16

### 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)
10/17/15	BONNIE JOHNSON 5 PINE ST BOYLSTON	\$ 100	
10/10/15	PATRICIA FRATANONIO 397 PROSPECT ST SHREWSBURY	\$ 300	RETIRED
10/22/15	MICHAEL WADE 118 FLORENCE RD EAST BRIDGEFIELD	\$ 150	
11/13/15	DONNA COLARICO 10 HOMER ST WORCESTER	\$ 1200	LOAN FROM CANDIDATE

Line 9: Total Receipts over \$50 (or listed above)	1750
Line 10: Total Receipts \$50 and under* (not listed above)	267.13
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	<b>2,017.13</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 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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure <small>(include CPF ID# if a contribution to another committee)</small>	Amount
10/7/15	Quick Stop	340 Shrewsbury St Worcester	POST CARDS	541.88
10/26/15	USPS	290 W. Baylston St Worcester	postage	105-
10/12/15	WTAG	Paxton, ma	ADVERTISING	3480-
10/27/15	BEST BUY	Worcester, ma	cell phones	122.17
10/27/15	BEST BUY	Worcester, ma	cell phones	21.24
11/3/15	ONTIME TELECOM. COM	Florida	robo calls	150.-
1/10/15	MASS G.O.P.	85 Memorial St Boston, ma	Coordinated Campaign services	7,100
12/8/15	STAPLES	571 Boston Turn Shrewsbury	office Supplies	47.04

Line 12: Total Expenditures over \$50 (or listed above)	11,562.38
Line 13: Total Expenditures \$50 and under* (not listed above)	55.34
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	11,622.67

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

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
10-18-15	MARLBOROUGH REPUBLICAN CITY COMMITTEE	53 Edinboro MARLBOROUGH MA	CANVASSING	1300

Line 15: In-Kind Contributions over \$50 (or listed above)	1300
Line 16: In-Kind Contributions \$50 & under (not listed above)	—
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	<b>1300</b>

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.





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: 1/1/15 Ending Date: 10/16/15

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

DONNA Colono  
Candidate Full Name (if applicable)  
SCHOOL COMMITTEE  
Office Sought and District  
10 HOMER ST  
Residential Address  
Telephone Number (optional): 508-450-0104

Committee to Elect Donna Colono  
Committee Name  
MARY Colono  
Name of Committee Treasurer  
5 Hall St  
Committee Mailing Address  
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>1325.11</u>
Line 2: Total receipts this period (page 3, line 11)	<u>14289.34</u>
Line 3: Subtotal (line 1 plus line 2)	<u>15614.45</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>5537.69</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>10,076.76</u>
Line 6: Total in-kind contributions this period (page 6)	<u>200. —</u>
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	<u>COMMITEE 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: 10/26/15

**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: [Signature] (Candidate's signature) Date: 10/26/15

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
5-14-15	JOHN HENIS PHOTOGRAPHY	23 KIMICUTT Rd WORCESTER, MA	HEAD SHOT	212.50
5-27-15	UNITED STATES POSTAL SERVICE	SHREWSBURY	POSTAGE	52.92
5-26-15	QUICK STOP	340 SHREWSBURY ST WORC, MA	PUSH CARDS	950.94
5-26-15	WTAG	PAXTON, MA	ADVERTISING	960.00
6-2-15	STAPLES	AUBURN, MA	OFFICE SUPPLIES	90.81
6-4-15	UNITED STATES POSTAL SERVICE	SHREWSBURY, MA	POSTAGE	385.00
6-17-15	Wegmans	NORTHBOROUGH MA	FOOD FUNDRAISER	228.44
7-3-15	127 Consulting group	SPENCER, MA	DATA BASE	250.-
7-29-15	WORCESTER Columbus Day Parade	WORCESTER	DONATION	200.-
7-31-15	Our Lady of Mount Carmel	WORCESTER	advertising	250.-
7-29-15	Columbus Day Parade	WORCESTER	advertising	65.-
8/24/15	Super Cheap Signs	AUSTIN, TX	SIGNS	252.35
Line 12: Total Expenditures over \$50 (or listed above)				3897.96
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				3897.96

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

**SCHEDULE B: EXPENDITURES (continued)**



Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8.28.15	CAPITAL PROMOTIONS	Glenside, PA	SIGNS	535.-
8.31.15	STAPLES	SHREWSBURY	SUPPLIES	117.87
9.8.15	USPS	SIREWSBURY	POSTAGE	441.-
9.14.15	AGE graphics	678 Collins Rd LITTLE HOCKING OH	SIGNS	95.-
9.24.15	THE COMPASS TAVERN	90 Harding St WORC.	FUNDRAISER	60

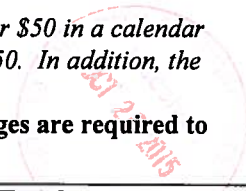
Line 12: Expenditures over \$50 (or listed above)	1248.87
Line 13: Expenditures \$50 and under* (not listed above)	390.86
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>1639.73</b>

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.

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)
5.18.15	MA. REPUBLICAN MUNICIPAL COALITION	500.-	
5.20.15	DONNA COLARDO 10 HOMER ST WORC	1,000	EDUCATOR QUINSIG AMOND COMMUNITY COLLEGE
5.23.15	SHANE LUDDEN 10 HOMER ST WORC	200	REALTOR KELLER, WILLIAMS
6.1.15	ROBERT STEFFON 39 WINIFIELD Rd Holden	50.-	
6.5.15	JOHN COLARDO 5 HALL ST WORC	1,000	SELF EMPLOYED DIMITRIA DELIGHTS
6.5.15	MARY COLARDO 5 HALL ST WORC	1,000	SELF EMPLOYED DIMITRIA DELIGHTS
6.7.15	JENNIE CAISSIE THREE BOWEN AVE SOUTHBRIDGE, MA	100	
5.31.15	RICHARD CANCELMO 30 CLEMENT ST WORC	100	
6.2.15	DAVID LAPIERRE 8 WEST ST WORC MA	100	
6.3.15	CHANEL PRONIER 43 SHIRLEY ST SHELTON	200	SELF-EMPLOYED CONSULTANT
6.4.15	VASIL JOHN 205 ALEXANDER ST FALSBOROUGH, NJ	1,000	RETIRED
6.12.15	ANN MARIE INCUTTO 80 FAIRHAVEN Rd WORC	100	

Line 9: Total Receipts over \$50 (or listed above) 5350-

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

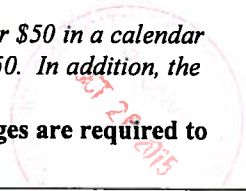
Line 11: TOTAL RECEIPTS IN THE PERIOD 5350

← 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.

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)
6.10.15	Barbara Keller 111 Grandview Ave Worce	50-	
6.12.15	James Egan 3 Burgess Rd	200.-	EXECUTIVE PUBLIC CONSULTING GROUP
6.9.15	JANETTE COMEDU 6 ASHLEY Dr. SHREWS -	50-	
6.10.15	VANESSA Costa 201 Cranbrook Dr Holden	500.-	INSURANCE Broker Advantage Insurance
6.9.15	Timothy Dillon 47 Airline St WOR	100.-	
6.8.15	ILIR MELICA 10 HOMER ST WORC	100-	
6.15.15	MARGARET TAGLIANTE 290 POLLARD Rd Northbridge, Ma	50.-	
6.16.15	Amy Baird 36 Long Leaf Rd Boylston, Ma	100-	
6.15.15	William Cosgrove 103 Fairhaven Rd WOR	500.-	WILLIAM COSGROVE INC
6.16.15	William Kelleher 6 Westwood Dr. WOR	100-	
6.25.15	FRANLINO ZORULI 48 FRUIT ST WORC.	50	
6.17.15	MARY CASEY 1 Nipmuc Rd PAXTON	50.-	

Line 9: Total Receipts over \$50 (or listed above) 1850

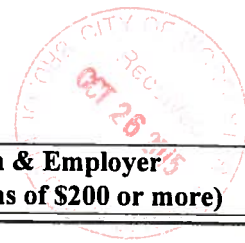
Line 10: Total Receipts \$50 and under\* (not listed above) —

Line 11: TOTAL RECEIPTS IN THE PERIOD 1850

← 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)
6.17.15	Wayne Griffin 12 Chamberlian Pk Worcester	75-	
6.17.15	Paul Franco 57 OEdn St Worcester	100.-	
6.17.15	JOANNE Powell 15 Dodge Ln CHARLTON	50.-	
6.17.15	Michael Santos 19 Watson Ln Rutland	60.-	
6.17.15	James Avakian 9 Brook Road Ave BEVERLY	50-	
6.17.15	MARY Colono 3 Homer St Worcester	500-	RETIRED
6.12.15	Alice Pearson 46 Elm St. #17 Worcester	50-	
6.17.15	KARL Bjork 58 Holden St Worcester	100.-	
6.17.15	Gerald Dufalitt 123 Winifred Ave Worcester	50.-	
6.17.15	Bradford Wyatt 38 Glazier St Boylston, Ma	100.-	
6.17.15	Joseph Paparella 381 Hamilton St Worcester	50.-	
6.17.15	Ellen Andrew Kasper 120 Gilson Rd Sutton	100.-	
6.17.15	Arthur Mocarapian 21 Chilter Hill Dr. Worcester	50-	

Line 9: Total Receipts over \$50 (or listed above) 1335.-

Line 10: Total Receipts \$50 and under\* (not listed above) 0

Line 11: TOTAL RECEIPTS IN THE PERIOD 1335.-

← 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)
6.17.15	Robert Delle 3 SHENANDOAH DR. PAXTON	75-	
6.13.15	JOAN KRICKORIAN 129 FOX HILL DR. HOLDEN	100.-	
6.11.15	JAMES McGrath 46 DAVIS HILL Rd PAXTON	50.-	
6.3.15	JOEANNE LARSON 2 ROMOLA Rd WORC	100.-	
6.30.15	PATRICIA FRATANENIA 397 PROSPECT ST SHREWS	200	RETIRED
6.30.15	JUSTIN Holohan 47 Hartford St Natick	150	
6.30.15	Cyndi KRICKORIAN- Holohan 47 Hartford St NATICK	150	
7.7.15	HELEN KOSKINAS 7 Salisbury Hill Blvd.	100-	
7.2.15	JOHN O'Mara 491 GREEN ST Northwood	200	CONSULTANT SELF EMPLOYED
5.31.15	DINA NICHOLS 18 dde Colony Dr. Shrews	50.-	
7.21.15	JANET WORNHAM 33 BEECHING ST WORC	50.-	
8.22.15	KATHLEEN SENIEN 59 HOLDEN ST WORC	50.-	
8.7.15	PATRICIA HUMPHRIES 11 William St Bedford	75	
Line 9: Total Receipts over \$50 (or listed above)		1350.-	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1350.-</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)
9.18.15	Thomas Ardinger 12 Narcissus Rd LEOMINSTER	50.-	
9.17.15	Paul Franco 57 Olden St Sturor	100-	
9.24.15	Brad Wyatt 38 Glazier St Boylston	100-	
9.24.15	George LaConte 276 Plantation St Sturor	50.-	
9.23.15	William Edgerly 32 Highland St Cambridge	100	
9.25.15	Richard Green 22 Village Rd Pepperell, MA	100-	
9.24.15	Marisa Pappas 9 Hall St Sturor, MA	50.-	
9.17.15	Walter Weld 29 Main St Dover, MA	250	RETIRED
9.14.15	James Morgan 20 Elmwood Rd MARBLEHEAD, MA	250	RETIRED
9.23.15	Lewis Evangelides 215 Newell Rd Holden	100	
9.14.15	Thomas Shields 122 Hart St Beverly, MA	500	RETIRED
9.24.15	DANIEL CREME 101 Kriston Dr Ext Chatham, MA	100	
9.29.15	Bill Randell 201 Cranbrook Dr Holden	150	
Line 9: Total Receipts over \$50 (or listed above)		1900-	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1900.-</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)
8.31.15	Rob Borello 6 Monticello Dr. Wor	40.-	
9.18.15	Michael Potuski 24 B Church St Lindwood	50.-	
9.23.15	Kristian Minvalli 10 Mount Vernon St North Reading, MA	50.-	
9.17.15	Janette Comella 6 Ashley Drive Strews	50.-	
9.20.15	Joanne Larson 2A Romola Rd Wor	100.-	
9.19.15	James Barken 10 Naomi Dr. Gloucester, MA	50.-	
9.21.15	Martin Hoffman 1205 Webster St Needham, MA	50.-	
9.19.15	Tom Brewer 9 Plymouth Rd Winchester, MA	500.-	PRINCIPAL, BREWER'S COMPANY
9.24.15	John Rogers 657-83 SW Cottoff Worcester, MA	50.-	
9.18.15	John Miller 40 Westland Ave Winchester, MA	100.-	
9-11-15	JACOB RYAN 275 New Boston Rd Sturbridge	50.-	
9.22.15	Robert Aquadro 212 Chestnut St Florence, MA	50.-	
9.29.15	Dan Mylott 42 McKay Ave Fishbowl	50	
Line 9: Total Receipts over \$50 (or listed above)		1190.-	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1190</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)
10.5.15	JANE MOLINA 24 French Dr Boylston	200.-	Director of Transmission VANDERWEIL

Line 9: Total Receipts over \$50 (or listed above) 200.-

Line 10: Total Receipts \$50 and under\* (not listed above) 1114.34

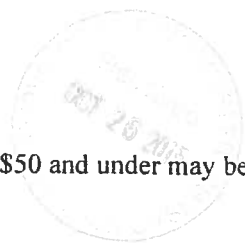
**Line 11: TOTAL RECEIPTS IN THE PERIOD** 1314.34

← 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 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
6.17.15	MARY COLOZO	5 HALL ST WORCESTER, MA	PASTRIES	100-
6.17.15	RANDELL PACKAGE ST	108 CANTERBURY ST WORCESTER	BEER / WINE	100
Line 15: In-Kind Contributions over \$50 (or listed above)				200-
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<b>200-</b>

\* 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.