



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Received
Worcester City Clerk

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/21/2023 Ending Date: 12/31/2023

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)
School Committee District A
Office Sought and District
5 Hockanum Way Worcester MA 01606
Residential Address
E-mail: Molly.forschools@gmail.com
Phone #: _____

COMMITTEE ELECT MOLLY MCCULLOUGH
Committee Name
MARYLIZ O'BRIEN
Name of Committee Treasurer
5 HOCKANUM WAY 01606
Committee Mailing Address
E-mail: _____
Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>3746.99</u>
Line 2: Total receipts this period (page 3, line 12)	<u>2795.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>6541.99</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>1996.12</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>4545.87</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0</u>
Line 9: 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: 1/19/2024

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: Molly McCullough (Candidate's signature)

Date: 1/19/2024

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)
10/30/2023	MARYLOU ANDERSON 17 BANCROFT TWR RD 01609	100	
11/18/2023	JAMES CHACHARONE 1 W BOYLSTON ST 01605	100	
11/18/2023	NICHOLAS CHACHARONE 2 MEADOWBROOK RD 01604	100	
11/16/2023	JAIMÉ KACH 7 VALENTE DR 01604	100	
11/18/2023	RUSS LAMACCHIA 31 GRANVILLE AVE 01606	75	
11/18/2023	MICHAEL LANAVA 877 GROVE ST TER 01605	150	
11/18/2023	MARGARET MULHERN 25 BARROWS RD 01609	100	
10/30/2023	TAMMY MURRAY 11 KINNICUT RD 01602	100	
10/30/2023	JAMES D. O'BRIEN JR 809 KITTERING WAY 01609	100	
10/30/2023	TIM QUINN 01606 715 W. BOYLSTON ST	500	OWNER-OPERATOR QUINNS IRISH PUB 715 W. BOYLSTON ST 01606
10/30/2023	KATE TOOMEY 50 IDEAL RD 01604	100	
11/16/2023	KATE TOOMEY 50 IDEAL RD 01604	100	
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		NEXT	← 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)
11/18/2023	JAMES TRAINOR 42 ASCADILLA RD 01606	100	
11/18/2023	BRENDAN WALSH 01530 3 JOHN ST HOLDEN	100	
Line 9: Total Receipts over \$50 (or listed above)		1825	
Line 10: Total Receipts \$50 and under* (not listed above)		970	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2795	← 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 for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/13/2023	BURNCOAT DANCE	BURNCOAT H.S. 179 BURNCOAT ST 01606	DONATION	225
12/20/2023	BURNCOAT PIZZA	370 BURNCOAT ST 01606	PIZZA DONATION FOR BURNCOAT MIDDLE	163.60
10/15/2023	DONERTY H.S.	299 HIGHLAND ST 01602	TICKET DONATION	60
10/21/2023	MOLLY MCCULLOUGH	5 HOCKANUM WAY 01606	REIMBURSEMENT FOR DROP BOX	129.60
11/12/2023	MOLLY MCCULLOUGH	5 HOCKANUM WAY 01606	REIMBURSEMENT FOR PDF EXPERT	84.99
10/27/2023	MASS DEMOCRATIC PARTY	11 BEACON ST #410 BOSTON MA 02108	DONATION	100
10/30/2023	NORTH H.S. BOYS BASKETBALL	140 HARRINGTON WAY 01604	SPONSOR	200
11/2/2023	SOFA-C/O BURNCOAT H.S.	179 BURNCOAT ST 01606	TRIVIA FUNDRAISER	60
11/30/2023	ST BERNARD'S CHURCH	228 LINCOLN ST 01605	YOUTH DONATION	150
10/15/2023	WORCESTER EAST MIDDLE SCHOOL	420 GRAFTON ST 01607	SPONSOR	250
10/21/2023	WPLF	3 SALEM SQ 01608	EVENT TICKET	150
11/9/2023	WPLF	3 SALEM SQ 01608	DONATION	250

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above) 1823.19

Line 13: Expenditures \$50 and under* (not listed above) 172.93

Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD** 1996.12

* 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				

* 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 E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure

Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)	
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD	

** If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.*

← Enter on page 1, line 8

*Schedule E is not for ballot question committees.



Commonwealth
of Massachusetts

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: 10/21 + 11/12

Name of Individual Being Reimbursed: MOLLY MCCULLOUGH

Committee Name: COMM 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
10/21/2023	DROP BOX	1800 OWEN'S ST 94133 SAN FRANCISCO CA	SOFTWARE	129.60
11/12/2023	PDF EXPERT	1 GRAND ST UPPER DUBLIN 4	SOFTWARE	84.99
		DO4Y7R5 IRELAND		

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<u>214.59</u>
Line 2: Expenditures \$50 or under (not itemized):	-
Line 3: TOTAL AMOUNT REIMBURSED:	<u>214.59</u>

Signed under the penalties of perjury:

Molly McCullough Mary Jo O'Hara
 Signature of Candidate Treasurer

Date: 1/19/24

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

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2023 Ending Date: 10/20/2023

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>3739.26</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2610.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>6349.26</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2602.27</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3746.99</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
2023 OCT 30 PM 1:50
Worcester City Clerk

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: 10/30/23

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: 10/30/23

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)
4/5/23	BRENDA DIGGS 01604 93 BLACKSTONE RIVER RD	100	
2/27/23	EDWARD GARDELLA 5 RUSSELL CALVIN DR 01605	75	
2/27/23	NANCY HOVHANESIAN 4 DENNIS DR 01606	250	GIRL SCOUTS OF CENTRAL & WESTERN MASS
2/27/23	JAIMÉ KACH 7 VALENTE DR 01604	100	
4/1/23	JIM KERSTEN 01606 92 SEARS ISLAND DR	250	
4/5/23	CTE JOHN MAHONEY 138 NEWTON AVE N. 01604	100	
4/4/23	MARGARET MULNERN 25 BARROWS RD 01604	100	
4/4/23	TAMMY MURRAY 11 KINNICUTT RD 01602	100	
4/5/23	SIOBHAN PETRELLA 19 MONTELAIR DR 01604	100	
4/4/23	TIMOTHY QUINN 01606 715 W. BOYLSTON ST	500	OWNER/OPERATOR QUINNS IRISH PUB WORCESTER
4/4/23	CTE KATE TOOMEY 30 IDEAL RD 01604	100	
4/4/23	CHRISTIAN WEBER 21 KENILWORTH RD 01602	100	
Line 9: Total Receipts over \$50 (or listed above)		1875	
Line 10: Total Receipts \$50 and under* (not listed above)		735	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2610	← 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
9/4/23	AFL CIO	WORCESTER	LABOR DAY BREAKFAST	100
2/28/23	JESSE BURKETT LIT. LEAGUE	PO BOX 20790 WEST SIDE STA 01602	SPONSOR	200
9/19/23	BURNCOAT HIGH SCHOOL	174 BURNCOAT ST 01606	COURTYARD PROJECT	150
3/11/23	DONALD HUBAN	5 HOCKANUM WAY 01606	REIMBURSEMENT	425.97
4/6/23	DAN MARA JR	11 GREEN FARMS RD 01605	CAMPAIGN MEDIA WORK	150
2/28/23	MOLLY MCCULLOUGH	5 HOCKANUM WAY 01606	REIMBURSEMENT	100
8/29/23	MOLLY MCCULLOUGH	5 HOCKANUM WAY 01606	REIMBURSEMENT	330.43
7/26/23	MOLLY MCCULLOUGH	5 HOCKANUM WAY 01606	REIMBURSEMENT	184.98
2/20/23	TATNUCK SR. BABE RUTH	54 WHISPER DR 01609	SPONSOR	100
5/31/23	WEDF	210 PARK AVE STE 224 01609	SPONSOR + DINNER	250
10/16/23	WEDF	210 PARK AVE STE 224 01609	ONLINE DINNER TICKET PURCHASE	79.13
3/11/23	WORC COUNTY ST PATS PARADE	PO BOX 20708 01602	KILTIE BAND SPONSOR	125
Line 12: Total Expenditures over \$50 (or listed above)				—
Line 13: Total Expenditures \$50 and under* (not listed above)				—
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				—

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7/26/23	WORC. CNTY RESERVE DEPUTY SHERIFF ASSOC	365 MAIN ST 01608	WCSO REGIONAL REENTRY CENTER	200
4/24/23	WORC. EAST MIDDLE SCHOOL	420 GRAFTON ST 01604	TABLE SPONSOR	100
Line 12: Expenditures over \$50 (or listed above)				2445.51
Line 13: Expenditures \$50 and under* (not listed above)				106.76
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2602.27

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.

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				

* 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)	



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:

Name of Individual Being Reimbursed:

Committee Name:

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

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/26/23	FLAGG ST SCHOOL	115 FLAGG ST 01602	MEAT RAFFLE SPONSOR	100

(Include 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:

Signed under the penalties of perjury:

 
Signature of Candidate / Treasurer

Date:

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: 7/26/23

Name of Individual Being Reimbursed: MOLLY MCCULLOUGH

Committee Name: COMM 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
7/26/23	ADOBE SYSTEMS	345 PARK AVE SAN JOSE CA 95110	SOFTWARE	69.99
7/26/23	TWITTER BLUE	1355 MARKET ST SAN FRANCISCO CA 95110	SOFTWARE	114.99

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 184.98

Line 2: Expenditures \$50 or under (not itemized): -

Line 3: TOTAL AMOUNT REIMBURSED: 184.98

Signed under the penalties of perjury:

Melissa Murphy OK
Signature of Candidate/Treasurer

Date: 10/30/23

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



Commonwealth
of Massachusetts

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: 8/29/23

Name of Individual Being Reimbursed: MOLLY MCCULLOUGH

Committee Name: COM 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
8/28/23	Wix. Com	500 TERRY A FRANCOIS BLVD SAN FRANCISCO CA	WEBSITE + PHOTO SOFTWARE	330.43

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 330.43

Line 2: Expenditures \$50 or under (not itemized): -

Line 3: TOTAL AMOUNT REIMBURSED: 330.43

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 10/30/23

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



Commonwealth
of Massachusetts

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: 4/3/23

Name of Individual Being Reimbursed: DONALD HUBAN

Committee Name: COMM 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
4/3/23	AMERICAN STATIONERY CUSTOMER SERV	100 N PARK AVE PERU IN 46970	STATIONERY	399.45

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 399.45

Line 2: Expenditures \$50 or under (not itemized): 26.52

Line 3: TOTAL AMOUNT REIMBURSED: 425.97

Signed under the penalties of perjury:

Mary Jo D.R.
Signature of Candidate / Treasurer

Date: 10/30/23

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