

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with City on Town Clark on Clark of
Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission 6/202 Ending Date: 12/31/202
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) WORCESTER SCHOOL COHHITTEE Office Sought and District SHOCKANUH WAY 01606 Residential Address E-mail: MONGON BIO G.Ma.I. COM Phone # (optional):	COHM TO ELECT MOLLY MCCULLOUGH Committee Name HARYLIZ O'BRIEN Name of Committee Treasurer 5 HOCKANUM WAY 01606 Committee Mailing Address E-mail: Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	2504.09
Line 2: Total receipts this period (page 3, line 11)	3/25.00
Line 3: Subtotal (line 1 plus line 2)	5634.09
Line 4: Total expenditures this period (page 5, line	
Line 5: Ending Balance (line 3 minus line 4)	3012.97
Line 6: Total in-kind contributions this period (page	ge 6) Ø
Line 7: Total (all) outstanding liabilities (page 7)	ø
Line 8: Name of bank(s) used: BELKSHIR	LE BANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box	only)
Candidate with Committee 1 certify that I have examined this report including attached schedules and it is, to the bactivity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting persons.	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 transce activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/14/2077

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.)

report and receipts. Flease include your committee name and a page number on each page.)				
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer	
		Autount	(for contributions of \$200 or more)	
$\ \cdot \cdot \cdot \cdot \cdot \ $	PAUL BOLTON	100		
19/20/21	69TORY FORTLA 01602	100		
	NICHOLAS CHACARONE	-		
14/19/21		100		
1.1121	2 MEADOWBREOKRY 01609			
10/22/	GERALD CREAMER	100		
10/22/21	18 JOB CUSHINGRY SHREW	10 . 4		
		1301CY 110		
10/22/	JEANE ESTER 01590		PSYCHOLOGIST RELIANT MED	
10/22/21	10 POINT WAY SUTTON MA	1,000	5 NEPONSETT ST 016X6	
10/22/21	JOHNESLER 01530	1,000	RETIRED	
1 1-1	10 PONTWAY SUTTON HA	//		
	ANGELA MUDRE	m a		
10/31/21		75		
	158KNGPAILIP RDOING			
10/21	MAUREEN ROSE			
10/31/21	14 DUBIEL DR 01609	100		
10/31/21	PAUL SULLIVAN OLGOS	100	[
12/1/12/	MGOLDTHUATIERD		1	
	SETH WELCOM			
10/31/21	, , , , , , , , , , , , , , , , , , ,	250	REALTER REMAY VISION 01545	
	712 SAUSBURYST Olbery	-36	181 MAIN ST SHREWSBURY HA	
			l i	
· III				
		*		
ine 9: Total Receipt	s over \$50 (or listed above)	2655		
		2825	20	
ine 10: Total Receipt	ts \$50 and under* (not listed above)	300		
ine 11: TOTAL RE	CEIPTS IN THE PERIOD	210/	_	
	ceipts of \$50 and under include them in line 9	3125	Enter on page 1, line 2	

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.)

11/8/21 40114 Meentunkh 5 Hocknum 1994 REHBURSEHENT 332.57 11/2/21 RESTRUBUT 456 GROVE ST FOOD FOR 1150 11/30/21 WEDF 210 PARK ANT EVENT 75 11/4/21 WPLF 3 SALEH SR EVENT 125 10/27/21 EAST COAST 2 KEITH WAY HS SI GNS + 11 AHLPRS 1.7000 11/2/21 PRINTINB AHNEHAM AH 02043 HAHLPRS 1.7000 11/2/21 Line 13: Total Expenditures over \$50 (or listed above) 2.752.47 11/2/21 Line 13: Total Expenditures \$50 and under* (not listed above) 776.17 11/2/21 776.17 776.17 776.17 776.17 11/2/21 776.17 776.17 776.17 776.17 11/2/21 776.17	report all expenditures. Please include your committee name and a page number on each page.)				
	Date Paid		L.,,_,	<u> </u>	Amount
	11/8/21	YOLLY MECULIONER		REIMBURSEHENT	332,49
1/4 21 1/2	11/2/21	II a i i i			150
10 27 21 EAST COAST 2 KEITHWAY AS SI ENS + 1,700	4/30/21	WEDF		EVENT	75
Line 12: Total Expenditures \$50 and under* (not listed above) Interest I	(1/4/21	WPLF		EVENT	125
Line 13: Total Expenditures \$50 and under* (not listed above)	10/27/21		1, 1		1.700
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)			Line 12: Total Expenditures ove	r \$50 (or listed above)	2.382.49
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 2561. 12		- 1	Line 13: Total Expenditures \$50	and under* (not listed above)	178.63
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					2561.12

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

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 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 CO	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 25 those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			11 8 14	
				⊋ .
	1			
	-0			
		Line 18: TOTAL OUTSTAN	DENG LEADER WINES (ATT)	<u> </u>



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: 11 8 2021				
Name of Individ	ual Being Reimbursed: Mallu	10 McCullansh		
Committee Nam	e: COM	m To Elect Mully	McCallagen	
CPF ID Number			Number (optional):	
	ITEMIZ	ZE EXPENDITURES IN EXCESS	S OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/2/21	Dunkin Donuts	7 Lawest Bykston St Ollullo	Food + Beverrage	57.62
9/14/21	Luck 50	20 Water St 01664	avent For High Risk Youth	125-
11/2/21	MacDonalds Towern 141 Grove St Food+Beverage Volunkers/workers			
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of S	\$50 (itemized above):	257.37
		Line 2: Expenditures \$50 or under	(not itemized):	75.12
Line 3: TOTAL AMOUNT REIMBURSED: 332, 49				
Signed under the penalties of perjury: Mary Mary Date: 1/8/2022 Signature of Candidate / Treasurer				



Corrected

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance
Worcester City Clerk

OI IVIASSACHESCES	,
Fill in Reporting Period dates: Beginning Date:	10/15/2021 Ending Date: 10/15/2021
Type of Report: (Check one)	
Sth days and the state of the s	30 day after election year-end report dissolution
MOLLY O MCCVLLOUGH Candidate Full Name (if applicable) WRCESTER SCHOOL COHHITTEE Office Sought and District SHOCKANUH WAY 01606 Residential Address E-mail: Phone # (optional)	CO4H TO ELECT HOLLY MCCULLUGGE Committee Name HARYLIZ O'BRIEN Name of Committee Treasurer 5 HOCKANUH WAY 01606 Committee Mailing Address E-mail:
Thore " (optional)	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	1388.75
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	5393.75
Line 4: Total expenditures this period (page 5, line	e 14) 2884.66
Line 5: Ending Balance (line 3 minus line 4)	2509.09
Line 6: Total in-kind contributions this period (page	ge 6) Ø
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used: BELKS/4/10	LE BANK
Affidavit of Committee Treasurer:	
certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or inance activity of all persons acting under the authority or on behalf of this committee in a	of my knowledge and belief, a true and complete statement of all campaign finance outributions and liabilities for this reporting period and represents the campaign
igned under the penalties of perjury:	- 1/\sum_
	10/2//2
Candidate with Committee Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the bactivity, of all persons acting under the authority or on behalf of this committee in accommitted in curred any liabilities nor made any expenditures on my behalf during this reporting p	pest of my knowledge and belief, a true and complete statement of all campaign finance
Candidate without Committee ! certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or op behalf of this of the contributions.	est of my knowledge and belief, a true and complete statement of all campaign

(Candidate's signature)

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	- Bo manifer ou ca	
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/2/2021	MARY LOU ANDERSON MARCROTT TOUER RIDIN	100	
10/14/21	и "	100	
6/2/21	HORRISA BERGHAN 11 KENSINGTON HTS ONED	juri	
6/2/21	HARGARET GAUCHER 156 FIRESIDE LN HOLDEN 44-01/20	100	
6/3/21	ALISSA DURKAN BLAVEGLWODD DR 01605	100	
6/2/21	DENNIS FERRANTE 23 GRACE AVE SHREWSBURY MA 01545	100	
5/30/21	SSTPAUL ST O1602	100	
6/2/21	NANCY HOVHANESIAN 4 DENNIS DR. 01606	150	
6/9/21	J'AHIE KACH 7 VALENTE DROBOY	100	
10/14/21	MICHAEL LANAVA 817 GROVE ST TER OLLOW	125	
10/14/21	TENNY LEE LOSANTUIT LN O1606	60	
6/2/21	ANGELA HUORE OIGOL 158 KING PHILIP RD	150	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized	receipts of \$50 and under include them in the		- Page 1, tille a

^{*} 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)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
6/2/21	THOTHY P HURRAY II KINNICUT RD 01602	100	
6/2/21	JAMES D OBRIEN JR. 807 KITTERING WAY 01600	250	ATTORNEY, YOUNTAIN DEARBORS
10/14/21	11 11	250	WORCESTER 01608
6/2/21	KATHERINE OLNEY 32 FRANCONIA ST O1602	low	
10/14/21	SHERRI PITCHER 42 FOREST ST DIEG	75	
6/2/21	THOTHY QUINN 8 CABBLESTENE LN O1606	250	OWNER. QUINNS IRISH PUB 115 W. BOYLSTON ST 01606
6/2/21	774044 QUINN 0/609 1705ALKSBURYST#420	75	
10/4/21	16 10	100	
Line 9: Total Receip	ots over \$50 (or listed above)	2485	
Line 10: Total Recei	pts \$50 and under* (not listed above)	1520	
	ECEIPTS IN THE PERIOD receipts of \$50 and under include them in line	4005	← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/14/21	JESSE BURKETT LITTLE LEAGUE	PO BOX 20190 WEST SIDE STA OKO	Sponser	250
6/9/21	J HICHAEL COTTER	KO HAMPTON ST AUBURN MA OISUI	CATÉRINE	250
9/24/21	EAST COAST PRINTING	2 KEITHWAY #5 HINGHAY MA 02043	SIGNS	759.64
3/8/21	DONALDHUBAN	5 HOCKANUTURY 01606	REIMBURSEMENT	273.49
2/16/21	MOLLY MCCVLLOUGH	5 HOCKANUM WAY OBOGS	REIHBURSBYENT	125
6/2/21	MOLLY MCCULLOUGH	4 ((4 1/	318.95
9/14/21	MOLLY	16 11	16 11	388.25
10/4/21	O'CONNORS RESTAURANT	1160 W BOYESTEN ST 01606	PARTY	333.70
8/6/2,	WORCESTER DEM	40 OAKLEVOID LN Olloct	MEMBERSHIP DUES	150
		Line 12: Total Expenditures over	r \$50 (or listed above)	2849.08
		Line 13: Total Expenditures \$50	and under* (not listed above)	35.58
* If you have itemi-	ı	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	35.58 2884.66

^{*} 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



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 o	f Reimbursement: 3/8/2/	
Name of Individ	ual Being Reimbursed:	PONALD HUBAN		
Committee Name		MY TO ELECT MOLLY	ACCUIL EVER	
CPF ID Number			umber (optional):	
	ITEM	IZE EXPENDITURES IN EXCESS	OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/1/21	NATIONAL PEN	12121 SCRIPPS SUMMIT DRANDIEGO CA 92131	PENS	273.49
	(Include items listed on Page 2)	Line 1: Expenditures in excess of \$3	50 (itemized above):	273 49
		Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED: 273.49				
Signed under the penalties of perjury: Martin Martin Date: 10 79 21 Signature of Candidale / Treasurer Date: 10 79 21				



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

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

Date of Reimbursement: 2/13/2/, 6/2/21,				
Name of Individ	ual Being Reimbursed: Ho	MY MCCULIDUCH	9/12/2	
Committee Nam		Y TO ELECT HOLLY	MCCULLOUGH	
CPF ID Number			lumber (optional):	
	ITEMI	ZE EXPENDITURES IN EXCESS	OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/13/21	BURNCOAT HIGH SCHOOL	174 BURNCOATST 01606	YEARBIOK SPONSOR	125
6/2/21	USPS		STAMPS	110
H	BJS	NORTHBOROUGH MA	PARTY FOOD	142.10
	STAPLES	WORLESTER MA	COPIES	53.16
9/12/21	WIX	500 TERRY A FRANCISCO CA	015 941-c	348.25
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$:	50 (itemized above):	780.51
		Line 2: Expenditures \$50 or under (not itemized):	51.69
Line 3: TOTAL AMOUNT REIMBURSED: 832.20				
Signature of Cabindate V Feasurer Date: 10 22/21				

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				Ĭ.
		=		
		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 CO	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.

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 OUTSTAND	DING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance aceived
Worcester City Clerk

	2021 (File with Carror Flow Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/1/26	
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 30	day after election year-end report dissolution
Office Sought and District SHOCKANUM WAY 01606 Residential Address E-mail: E-mail	Committee Name HARYLIZ O'BRIEN Name of Committee Treasurer SHOCKANUM WAY 01606 Committee Mailing Address !: # (optional):
SUMMARY BALANCE INF	ORMATION.
Line 1: Ending Balance from previous report	/388.75
Line 2: Total receipts this period (page 3, line 11)	3969.42
Line 3: Subtotal (line 1 plus line 2)	5358.17
Line 4: Total expenditures this period (page 5, line 14)	2844.08
Line 5: Ending Balance (line 3 minus line 4)	2509.09
Line 6: Total in-kind contributions this period (page 6)	Ø
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used: BELKS/HRE	SANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution finance activity of all persons acting under the authority or on behalf of this committee in accordance Signed under the penalties of perjury:	ns and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Candidate with Committee 1 certify that I have examined this report including attached schedules and it is, to the best of m activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period the	with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of m finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind campaign finance activity of all persons acting under the authority or op-behalf of this candidate. Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the e in accordance with the requirements of M.G.L. c. 55.
Signed under the penanties of perjury:	(Candidate's signature)

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 Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
6/3/21	MARY LOW ANDERSON 17 BANCROFT TOWER RI) 01609	100	
10/14/21	1. 1. 1.	100	
6/3/21	MORRIS A BERGHAN 11 KENSINGTON HTS O1602	100	
6/3/21	HARGARET GAUCHER 156 FIRESIDE LN HOLDEN MA 01520	100	
6/3/21	ALISSA DURKAN 3 LAURELWOOD DR 01605	96.05	
6/2/21	DENNIS FERRANTE 23 GRACE AVE SAREWSBURY HA OIS45	9605	
5/30/21	KATTE FRIEND 5 ST PAULST 0602	96.05	
6/2/21	MANCY HOVHANESIAN 4 DENNIS DR 01606	144.07	
6/9/21	JAIME KACH TVALENTE DR O1604	96.05	
10/14/21	MICHAEL LANAVA 8776ROVE ST TERR 01606	125	
10/14/21	JENNY LEE 10 SANTUIT LN 01626	60	
6/2/21	ANGELA MUDRE 158 KING PHUP AVE 01606	144.07	
ine 9: Total Recei	ipts over \$50 (or listed above)		
ine 10: Total Rece	ripts \$50 and under* (not listed above)		
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/3/21	TIMOTHY P. HURRAY 11 KINNICUT PD O1602	100	
6/3/2/	JAYES DOBRIENIR 801 KITTERING WAY 01609	250	ATTORNEY, HOUNTAIN DEARBARD X WHITING 370 MAIN &T 01008
10/14/21	/1 /1	250	(1)
6/3/21	KATHERINE OLNEY 32 FRANCONIA ST 01602	100	
10/14/21	SHERRI PITCHER. 42 FOREST ST O1609	75	
6/3/21	TTHOTHY QUINN 8CABBLESTONE LN O1606	250	
6/3/2/	THOUAS QUINN 770SALISBURY ST #420 Olbog	75	
10/14/21	// //	100	
Line 9: Total Recei	pts over \$50 (or listed above)	2467, 34	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	1512.08	
	RECEIPTS IN THE PERIOD	3969.42	Enter on page 1, line 2 d 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
5/14/21	JESSE BURKETT LITTLE LEAGUE	PO BOX 20790 WESTSIDE STATION 01602	Spowsor	250
6/9/21	J. MICHAEZ- COTTER	160 HAMPTON ST AUBURN 01501	CATERING	250
9/24/21	EAST COAST PRINTING	2 KEITHWAY #5 HINGHAMMA	SIENS	759.69
3/8/21	DORALD HUBAN	5 HOCKANUM WAY 01606	REIHBURSEMENT	273.49
2/1421	YOLLY MCCULLOUGH	3 HOCKANUTY WAY	REMBURSEMENT	125
6/2/21	4 1,	11 11	4 //	38.45
9/14/21	" "	4 /1	4 4	388.25
10/14/21	O'CONNORS RESTAURANT	1160 W BOYLSTON ST 01606	PARTY	333.70
8/6/21	WORCESTER DEH CITY CONMITEE	40 OAKWOODLN 01604	MEHBERSHIP	150
		Line 12: Total Expenditures over	er \$50 (or listed above)	2849.08
Line 13: Total Expenditures \$50 and under* (not listed above)				0
		Line 14: TOTAL EXPENDIT		2849.08
* *C		include them in line 12. Line 13 sh	ould include only those expenditure	e not itemized

^{*} 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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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	of Reimbursement: 3/8/2/	
Name of Individ	ual Being Reimbursed:	ONALD HUBAN		
Committee Nam	e: Cot	MY TO ELECT MOLLY	HCCULL OUGH	
CPF ID Number	(if applicable):	Telephone N	umber (optional):	
	ITEMI	ZE EXPENDITURES IN EXCESS	OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
+	NATIONAL PEN	12121 SCRIPPS SUMMIT DRANDIFFED CA 92131	PENS	273.49
,	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$	50 (itemized above):	273.49
		Line 2: Expenditures \$50 or under ((not itemized):	0
		Line 3: TOTAL AMOUNT REIM	1BURSED:	273.49
igned under the penalties of perjury: Marific Dic. Date: 10/22/21				

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



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

		Date	of Reimbursement: 2/13/2/	6/2/21
Name of Individ	ual Being Reimbursed: Ho	MY YCENCLOUGH		
Committee Nam	e: . Con	MY TO ELECT HOLLY	MCCULLOUGH	
CPF ID Number			lumber (optional):	
	ITEML	ZE EXPENDITURES IN EXCESS	OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/13/21	BURNCOAT HIGH SCHOOL	174 BURNCOATST 01606	YEARBOOK SPONSOR	125
6/2/21	USPS		STAMPS	110
14	BJS	NORTHBOROUGH MA	PARTY FOOD	142,10
"	STAPLES	WORCESTER MA	COPIES	55.16
9/12/21	WIX	500 TERRY A FRANCISCO CA	015 941-c	348.25
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	780.51
	ä	Line 2: Expenditures \$50 or under ((not itemized):	5169
		Line 3: TOTAL AMOUNT REIN	IBURSED:	832.20
igned under the	penalties of perjury:	M x // 1. E)/	1-1-

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	
:					
	[
				205 #75	
		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.

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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
	# aa			
			ļ	