

with:	M 102: Campaign Finance l Municipal Form Office of Campaign and Political Finance	Report JAN 2 2 201
or Town Clerk or Election Commission Please pr	int or type all information, except signatur	res.
Fill in dates: Reporting Period Beginning JANUARY	Date Year Mor	
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day	preceding election 30 day after election	ion ∑year-end report □dissolution
. BRIAN A. O'CONNELL	Connittee to Reen	
Full Name of Candidate (if applicable School Congittee City of Workerse		mittee Name
Office Sought and District SY PROVIDENCE STREET		ommittee Treasurer
Residential Address	Committee	e Mailing Address
WORKESTER, MA 016044268 TEL NO	o. (optional) WORCESTER, M	Tel. No. (optional)
Line 1: Ending balance Line 2: Total receipts Line 3: Subtotal (line 1) Line 4: Total expendit Line 5: Ending balance Line 6: Total in-kind co	tures this period (page 3, line 14)	S 708.12 S - S 708.12 S - S 708.12

The same of the sa	
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the ber	st 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 con	
Signed under the penalties of	perjury:
Jean P. Gervais	1.22-13
Treasure s signature (in ink)	Date

FOR CANDIDATE FILLINGS ONEIT: (C	LANDIDATE MUST SIGN BELOW)
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 a contributions, incurred any liabilities nor made any expenditures on my behalf during this report Candidate without Committee OR Candidate with independent activity filing separat I certify that I have examined this report including attached schedules and it is, to the best of a finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind campaign finance activity of all persons acting under the authority or on behalf of this committee.	cordance with the requirements of M.G.L. c. 55. I have not received any string period, the report my knowledge and belief, a true and complete statement of all campaign to 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 Signed under the penalties of perjury: Candidate signature (in ink)	1-22-2013 Date

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 liemize 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
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		1	-	
Line 9: To	otal receipts in excess of \$50 (or listed above)	-	-	
Line 10: To	otal receipts \$50 and under* (not listed above)	-	20	
	OTAL 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.

Page 2

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	Amou	ınt
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				et.	
	20	Line 12:	Expenditures over \$50		-
		Line 13:	Expenditures \$50 and under*	_	_
	Enter on page 1, line 4	Line 14	TOTAL EXPENDITURES		-

^{*}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 3

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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				#3
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Line 15:	In-kind over \$50	
	-		In-kind \$50 and under	_
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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
10/1983	BRIAN A O CONNECL	SY PROVIDENCE START WORCESTER, MA DICOY 4268	Canpaion Funds	\$ 894.76
9/5/2000	BRIAN A.O CONNECL	SY PAOVIDENCE STREET WORKESTER MA DIEDY-4768	CAMPAIGN FUNDS	5000.00
10/17/2003	BRIAN A O CONNELL	54 PROVIDENCE STREET WORKESTER MA 016044768	CAMPAIGN FUNDS	3000.00
22	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	5 9894.75



Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance WORGESTER CITY CLERK

ennouvenith Mussochmotts	2012 JAN 19 AM 9: 41
ile with: ity or Town Clerk or Election Commission Please print or type all information,	except signatures. WORCESTER, MA
Fill in dates: Month Date Your Reporting Period Beginning NOVEMBER / 2011	Ending Nechael St. 201/
Type of report: (Check one) □8th day preceding preliminary □8th day preceding election □30	day after election
Full Name of Candidate (if applicable) School Connect e - City of Workester Office Sought and District 54 Providence Street 390 Residential Address	Committee Name Jean P. Gervais Name of Committee Treasurer Main Street Vite 730 Committee Mailing Address ACCOTER MA 01608 Tel. No. (optional)
SUMMARY BALANCE INF Line 1: Ending balance from previous re Line 2: Total receipts this period (page 2, li Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (pa Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this peri Line 7: Total (all) outstanding liabilities (page Line 8: Name of bank(s) used Soverelled	sport \$ 708.72 me 11) \$
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-ki campaign finance activity of all persons acting under the authority or on behalf of this commit Signed under the penalties of per	and contributions and liabilities for this reporting period and represents the tree in accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY:	(CANDIDATE MUST SIGN BELOW)
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 finance activity, of all persons acting under the authority or on behalf of this committee in a contributions, incurred any liabilities nor made any expenditures on my behalf during this rep Candidate without Committee OR Candidate with independent activity filing separ I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, losms, receipts, expenditures, disbursements, in-kin campaign finance activity of all persons acting under the authority or on behalf of this committee. Signed under the penalties of perjury	my knowledge and belief, a true and complete statement of all campaign coordance with the requirements of M.G.L. c. 55. I have not received any orting period, atterport my knowledge and belief, a true and complete statement of all campaign d contributions and liabilities for this reporting period and represents the ittee in accordance with the requirements of M.G.L. c. 55.
Candidate signature (in ink)	/- /9 - 20/2 Date

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 termize 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
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		Th		
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	Total receipts in excess of \$50 (or listed above)	-	-	
	Total receipts \$50 and under* (not listed above) TOTAL 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.

Page 2

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	Amo	unt
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				······································	
		Line 12:	Expenditures over \$50	-	-
			Expenditures \$50 and under*	•	1944
Е	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	_	-

^{*}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 3

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	,			
		Line 15:	In-kind over \$50	-
		Line 16:	In-kind \$50 and under	-
	Enter on page 1, line 6	Line 17:	Total In-kind	-

^{*} 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
10/1983	BRIAN A.O CONNELL	54 PROVIDENCE STREET WORCESTER, MA OTTOY-4468	CAMPAICH FUNDS	#894.76
9/5/2000	BRIAN A .O' CONNECC	54 Providence Fired Worcester, MA 01604-448	Canpaien Funos	\$ 5000.00
10/17/2003	BRIAN A.O TOWNELL	SY PROVIDENCE SIREY WORCESTER, MA DIFOY-4268	Canpain fund	\$ 3000.00
				4.680.176
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	188894-76



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	Form CPF M 102: Campaign Finan	
	Municipal Form Office of Campaign and Political Finance	WORC
Commonwealth of Massachusetts	• West 1980	2011 (
File with:		

Massachanetts	2011 OCT 31 PH 1: 33
File with: City or Town Clerk or Election Commission Please print or type all ir	nformation, except signatures. CESTER, MA
Fill in dates: Reporting Period Beginning 100/100/100 3 20	est Date Year Date Year Doll Ending OFTO BER 31 20//
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding elect	ion □30 day after election □year-end report □dissolution
BRIAN A. O CONNELL Full Name of Candidate (if applicable) School Connettee. City of Workerter Office Sought and District 54 PROVIDENCE STREET Residential Address WORCESTER, MA O1604. 4268 Tel. No. (optional)	Compile to Recept BRIAN O' CONNECC JEAN P. GERVAIS Name of Committee Treasurer 370 MAIN SHREET, SUITE 730 Committee Mailing Address WORCESTER, MA 01608 Tel. No. (optional)
SUMMARY BALA Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabi Line 8: Name of bank(s) used 50/	(page 2, line 11)
finance activity, including all contributions, loans, receipts, expenditures, disbu campaign finance activity of all persons acting under the authority or on behalf	t, to the best of my knowledge and belief, a true and complete statement of all campaign usements, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55. established of perjury:
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
	s, to the best of my knowledge and belief, a true and complete statement of all campaign committee in accordance with the requirements of M.G.L. c. 55. I have not received any during this reporting period. by filling separate report

FOR CANDIDATE FILINGS ONLY: (C.	ANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)	
X 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 m	ry 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 acccontributions, incurred any liabilities nor made any expenditures on my behalf during this report Candidate without Committee OR Candidate with independent activity filing separate	ordance with the requirements of M.G.L. c. 55. I have not received any ting period.
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 of	
campaign 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.
Candidate signature (in ink)	10.31-2011
Candidate signature (in ink)	Date

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 llumize 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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date cceived	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
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Line 9:	Total receipts in excess of \$50 (or listed above)	_	_	
	Total receipts \$50 and under* (not listed above)	-	-	
	TOTAL 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.

Page 2

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	Amou	int
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			12: Expenditures over \$50		-
	<u></u>		13: Expenditures \$50 and under*	_	-
]	Enter on page 1, line 4	Line	14:TOTAL EXPENDITURES	-	-

^{*}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 3

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
•				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	-
	Enter on page 1, line 6	Line 17:	Total In-kind	_

^{*} 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	To Whom Due	Address	Purpose	Amount
Incurred				
10/1983	BRIAN A.O' CONNELL		CAMPAIGN FUNDS	# 894.76
9/5/2000	BRIAN A . O' CONNELL	54 PROVIDENCE STREET WORTESTER, MA OLFOY-448	!	ø 5000.00
10/17/2003	Brian A. O'Conneu	54 PROVIDENCE STREET WORKESTER, MA 01504-4745	2	8 3000.00
	Enter on page 1 line 7	Line 18: OUTSTANDING	I IARII ITIFS (AI I)	8894.76
· ·	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	1889



Form CPF M 102: Campaign Finance Report CEIVED Municipal Form WORCESTER CITY CLERK Municipal Form Office of Campaign and Political Finance

2011 SEP 12 AM 9: 39

File with: City or Town Clerk or Election Commission Please print or type all information, ex	WORCESTER, MA
Fill in dates: Month Date Year	Ending September 2 2011
Type of report: (Check one) ⊠8th day preceding preliminary □8th day preceding election □30 d	ay after election □year-end report □dissolution
BRIAN A D'CONNECL Full Name of Candidate (if applicable) School Connect of Work Coffer Office Sought and District 54 PROVIDENCE STREET Residential Address WORCESTER, MA 0/604-47-58 Tel. No. (optional)	Committee Name P. GRAVAIS Name of Committee Treasurer AW STARRY, Suite 730 Committee Mailing Address STRAND ONO OF TEL. No. (optional)
SUMMARY BALANCE INFO Line 1: Ending balance from previous rep Line 2: Total receipts this period (page 2, line Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period Line 7: Total (all) outstanding liabilities (page Line 8: Name of bank(s) used	oort \$\\ \\$\\ \\$\\ \\ \\$\\ \\ \\$\\ \\ \\ \\$\\ \\
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of mance activity, including all contributions, loans, receipts, expenditures, disbursements, inclinic campaign finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjet of the support of the penalties of perjet of the support	d contributions and liabilities for this reporting period and represents the se in accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: (C	ANDIDATE MUST SIGN BELOW)
Afficiavit of Candidate: (check 1 box only) A 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 n finance activity, of all persons acting under the authority or on behalf of this committee in acc contributions, incurred any liabilities nor made any expenditures on my behalf during this report Candidate without Committee OR Candidate with independent activity filing separat I certify that I have examined this report including attached schedules and it is, to the best of n finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind campaign finance activity of all persons acting under the authority or on behalf of this committee. Signed under the penalties of perjury:	ordance with the requirements of M.G.L. c. 55. I have not received any ting period. e report ry knowledge and belief, a true and complete statement of all campaign contributions and liabilities for this reporting period and represents the ee in accordance with the requirements of M.G.L. c. 55.
Candidate signature (in ink)	Date

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Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
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Time O: To	otal receipts in excess of \$50 (or listed above)		-	
	otal receipts \$50 and under* (not listed above)	50	00	
	OTAL RECEIPTS IN THE PERIOD	50	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.

Page 2

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Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	int
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		Line 1	2: Expenditures over \$50	-	-
		Line 1	3: Expenditures \$50 and under*	-	1-
]	Enter on page 1, line 4	Line 1	4: TOTAL EXPENDITURES	_	-

^{*}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 3

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	,			
		Fine 15:	In-kind over \$50	
	-		In-kind \$50 and under	-
	Enter on page 1, line 6	Line 17:	Total In-kind	-

^{*} 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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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
10/1983	BRIAN A. O'CONNELL	SY PROVIDENCE STREET WORCESTER, MA 01604-428	Conpain funds	8894.70
9/5/2000	BRIAN A. O' CONNELL	54 Providence Street Worcester, MD UKOY-7268		\$ 5000,60
10/11/2013	BRIAN A D' CONNECL	54 PROVIDENCE STREET WORCESTER, MA 0/604-4218	Canpaijo funds	# 3000.00
			•	
1547				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	18894.76