

# Municipal Form Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 10/3	1/2023 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
John Patrick Reed  Candidate Full Name (if applicable)  Office Sought and District	Committee to Elect John Rtrick Reed  Committee Name  Rayno ~ Reed  Name of Committee Treasurer
Residential Address	4 Committee Mailing Address  Committee Mailing Address
E-mail:	E-mail:
Phone #:	Phone #: 508 - 799-5189
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	/53.53
Line 2: Total receipts this period (page 3, line 12)	-0
Line 3: Subtotal (line 1 plus line 2)	153,53
Line 4: Total expenditures this period (page 5, line 15)	
Line 5: Ending Balance (line 3 minus line 4)	153.53
Line 6: Total in-kind contributions this period (page 6, 1	line 18)
Line 7: Total (all) outstanding liabilities (page 7, line 19	
Line 8: Total out-of-pocket expenses this period (page 8,	, line 22)
Line 9: Name of bank(s) used:	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 accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1-20-2024
FOR CANDIDATE FILINGS ONLY: Affidavít 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 activity, 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	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 finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of perjury:	in-kind contributions and liabilities for this reporting period and represents the

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
		1		
	×	1		
Line 10: Total Receipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and		
Line 11: Total Receipts \$50 and under (not listed above)			under, include them in line 10. Line 11 should include only those receipts not itemized above.	
Line 12: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2	

Date Paid	To Whom Paid (alphabetical listing)	A diduces	D	
Date Faid	(aiphaeeticai listing)	Address	Purpose of Expenditure	Amount
			C-12000	Marine 1
		100		
1				
- M - M				
<u> </u>				
should include only those expenditures not		Line 13: Expenditures over \$50 (or listed above)		
		Line 14: Expenditures \$50 and under (not listed above)		
nemized above.		1		
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	

Date Incurred	To Whom Due	Address	Purpose	Amount
		III		
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING LIABILITIES (ALL)	



Signed under the penalties of perjury:

### Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	11/2023 Ending Date: 8-28-2023
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
John Patrick Reed  Candidate Full Name (if applicable)  School Committee Pischrict E  Office Sought and District  4 (olumbus Street  Residential Address  E-mail: Reedig 123 @ Yahoo. Com  Phone # (optional):	The Committee to elect John Retrick Ree  Committee Name  Raymond Reed  Name of Committee Treasurer  4 Columbur Street Work 0/60  Committee Mailing Address  E-mail: Reedjo 123 (O Yahoo. Com  Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	N/A
Line 2: Total receipts this period (page 3, line 11)	1830
Line 3: Subtotal (line 1 plus line 2)	1830
Line 4: Total expenditures this period (page 5, lin	
Line 5: Ending Balance (line 3 minus line 4)	188.53
Line 6: Total in-kind contributions this period (pa	age 6) - 0-
Line 7: Total (all) outstanding liabilities (page 7)	-0-
Line 8: Name of bank(s) used:	Bank
1	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the	e best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period that are not otherwise disclosed in this report.  e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the population of positive under the population of the p	Back (Condidate's signature)  Date: 8 -282023

#### **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
8/16/2023	Pon Shortman	122 Weatherstove Word, MA 01604	LOWN Signs	805.31
8/25/2023	Guertius Graphics	Word, MA 0/608	Printed T-shirts	390.00
8/21/2023	Go Daddy (web)	Web based company	URLaWebsite	14.16
8/25/2023	Park Print	372 Lovell St. Worc., MA 01602	Verso Satin Flyer	352.00
8/20/2023	City of Worcester	Cityhall	Two Large MARS Ostrict E	80.00
	Line 12: Total Expenditures over		er \$50 (or listed above)	1641.47
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD //64/, 4'			1641.47	

<sup>\*</sup> 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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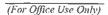
#### **SCHEDULE A: RECEIPTS**

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 an receipts. r	rease include your committee name and a p	age number on ea	- 0 /
Name and Residential Address			Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
7/05/2023	John Patrick Reed 4 Columbus Street	\$750,00	Retired Worcester Public Schools
8/10/2023	Roymond Reed 12 Knox St. Worc.	\$500.	Afforney
8/21/2023	Jeanne Refferty 9 Forwood Lane	\$500	Housewife
Line 9: Total Recei	pts over \$50 (or listed above)	11750	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	80	
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	1830	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.





## Form CPF 101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE

Office of Campaign and Political Finance

File with: Director

Office of Campaign and Political Finance

One Ashburton Place, Room 411, Boston, MA 02108

(617) 979-8300 / (800) 462-OCPF ocpf@mass.gov

www.mass.gov/ocpf

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:	First Name: John	Middle Initial: P Last Name: Reed
	Residential Address: 4 Columbu	Street
	City/State/Zip: Worcecter	MA 0/603
	Email Address: Reed JP12	3 D Yahoo, com
	Party Affiliation: (if applicable) Democra	
OFFICE COUC		
OFFICE SOUG		
	Titlet School Com	mittee_
	District:	
COMMITTEE:	The Committee	to elect John Patrick Reed
	Committee Mailing Address:	mittee must include the candidate's last name)
	City / State / Zip:	
OFFICERS:	Worcester Workester	MA 0/603 Phone #: 508 799-5189
Chair:	Michael J. Reed	Treasurer*: Raymond Read
Residential Address:	1 Lanark, Apt # 3	Residential Address: 12 Knox St
City / State / Zip:	Worcester Ma 01603	City/State/Zip: Worcestor Ma 0160 3
Email:	mreed 1957 @ adl. com	Email:
Phone #:	508) 735-3660	Phone #: (508) 688-5029
	* A public employee may not serve as trea	asurer of any political committee (see reverse).
behalf. I am aware the relevant election.	hat candidates are required to keep detailed accounts and	shall not give consent to the organization of more than one committee on his/her records of all campaign finance activity for a period of six years from the date of Date: 8/7/23
that: 1) I am subject t and records of all can appointed public emp committee organized	to certain duties and liabilities under M.G.L. c. 55, including a period of six years from the ployee, I must resign this position and notify OCPF of mylon his/her behalf.  HE PENALTIES OF PERHIRY	m that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand ding the timely filing of campaign finance reports and keeping detailed accounts date of the relevant election; 2) if after my acceptance of this office I become an y resignation; and 3) a candidate may not serve as treasurer of the political  Date: 8/7/23
	ffice of Chair of the above-named committee. HE PENALTIES OF PERJURY:	Date: 8/2/2 3

Chair's signature