

Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Received Worcester City Clerk

City or Town of:	Worcester	~		Please print or type all information, except signat.
Reporting Period		01/01/2023 (MM/DD/YYYY)	Ending:	12/31/2023 (MM/DD/YYYY)
Type of Report: (С	Theck One)			
8th day preced	ing preliminary/primary 🔲 8th day	preceding election 30th day follow	ring election (town or special)	20th day of January (Year-End report)
2. I certify that	t I am a candidate for or currently hold I		gations during this reporting period,	and do not have a campaign fund in existence
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/6/2003	Frank Callahan	Track Callal	53 Elm St., Apt 22	TREASURER
		J [

Form CPF S-1: Statement of Settlement

CPF	ID	#:		

Office of Campaign and Political Finance

Please print or type all information, except signatures.

(For Office Use)

Commonwealth of	
Massachusetts	
File with: Director	(617) 979-8300 / (800
Office of Campaign and Political Finance	

One Ashburton Place, Room 411, Boston, MA 02108

) 462-OCPF / Fax: (617) 727-6549 ocpf@mass.gov www.mass.gov/ocpf

	One form should be filed for debts settled with each creditor.	2023	10
Candidate's Name	:		0.7
		26	6.0
Treasurer's Name: (if applicable)	Frank R. CallahAN	The state of the s	5.6
		5	<u>C</u>
Committee Name: (if applicable)	Yes for a Better Worcester	. 0	2
In settling the debt	ts noted below, I/we certify:		
1. All liabilities of	the candidate and/or the political committee, listed below, have been settled in accordance with	1 970 CMF	R 1.03:
Date Incurred	To Whom Due	int D	ate of Settlement
1/6/23	Work. Co. Food Bank 120	1,75	1/6/2023

- 2. At the time the liability was incurred, I/we intended that the candidate/committee would pay in full for the goods or services rendered.
- 3. For debts to corporations or other entities subject to M.G.L. c. 55, s. 8:
 - a. the credit was extended in the ordinary course of business on terms similar to those granted to other political and non-political debtors:
 - b. the candidate and/or political committee has/have made commercially reasonable efforts to satisfy the debt;
 - c. the creditor has pursued remedies to seek payment in the manner it normally takes against debtors in a financial condition similar to this candidate/political committee;
 - d. the settlement is similar to others the creditor has made with other debtors, and similar to settlements the candidate/committee has proposed to its other creditors;
 - e. the length of time prior to settlement is consistent with normal business and trade practice;
 - f. the debt is not the subject of a dispute between the candidate/committee and the creditor involving questions of satisfactory delivery of goods or services, or the amount owed; and
 - c. the goods or services provided by the creditor and/or by the extension of credit were not intended by the creditor to be an inkind contribution to the candidate/committee.

- 4. For debts to individuals or other entities such as sole proprietorships, that are not subject to M.G.L. c. 55, s. 8:
 - a. the liability was settled in accordance with all the requirements of paragraph 3 (above); OR
 - b. the amount forgiven, when considered together with amounts contributed from the same individual or entity, is no more than the amount said individual or entity may contribute in accordance with the campaign finance law.

I certify that the conditions specified above apply to each listed liability.

Signed under the penalties of perjury:

	Date:	
Candidate Signature		
Mach A. Callel	Date: Dec	Z6, 2023
Treasurer Signature (if applicable)		Worcester 2023 DEC 26
Creditor Signature	Date:	All los
(authorized agent or officer)		50

NOTES

Who should file this form?

Any candidate or committee settling a debt for less than the amount owed. This form should be filed for the settlement of both corporate and non-corporate debts. One form should be filed for debts settled with each creditor.

When should this form be filed?

This form should be filed within 30 days of the settlement of the debt.

For further information:

Please contact the Office of Campaign and Political Finance at ocpf@mass.gov or (617) 979-8300.



Creating a hunger-free community

Date 1-6-2023
Received from Frank Calahan - Treoscres
Yes For a Better Worcester
Amount \$ 120,70 (ash or (heck)) (heck = 187) Received by: Thank you for helping us create a hunger-free community! O1609 Ph # 508-735.1516 Received by: Thank you for helping us create a hunger-free community!
Memo:
The Worcester County Food Bank is a nonprofit agency as defined by section 501(c)(3) of the

Internal Revenue Code. Since your gift did not result in any benefit to you or your organization.

it is tax-deductible to the full extent of the law.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

(Massachusetts	File with: City or Town Clerk or Essession Commissi
7ill in Reporting Period dates: Beginning Date: 01/0	1/2023 Ending Date: 01/10/2023
Type of Report: (Check one) Sth day preceding preliminary Sth day preceding election	☐ 30 day after election ☐ year-end report ☒ dissolution
	Yes for a Better Worcester (CPA)
Candidate Full Name (if applicable)	Committee Name
Candidate Full Matte (II applicable)	Frank Callahan
Office Sought and District	Name of Committee Treasurer
Office Sought and Disact.	53 Elm St Apt 22, Worcester, MA 01609
Residential Address	Committee Mailing Address
	Telephone Number (optional): (508) 735-1516
Telephone Number (optional):	Letephone Adminer (obtionar).
SUMMARY BALANC	CE INFORMATION:
	154.65
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	ne 14)
Line 4: Total expenditures this period (page 5, lin	ne 14) 154.65
Line 5: Ending Balance (line 3 minus line 4)	o o o o o o o o o o o o o o o o o o o
Line 6: Total in-kind contributions this period (pa	age 6) 0 5
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: M&T Bank, 4 Mowe	er Street Worcester MA 01602
finance activity of all persons acting under the authorist, or on behalf of the committee of Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 in Candidate with Committee and no activity independent of the committee of the comm	the accordance with the requirements of M.Q.L. c. 55. (Treasurer's signature) Date: Let 10, 207: box only) he best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the complete statement of all campaign finance accordance with
Candidate without Committee QR Candidate with independent activity filing	separate report the best of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:	(Candidate's signaturo) Date:

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.)

Data Danisas	Name and Residential Address	A 4	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		<u> </u>	
		:	
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	ECEIPTS 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)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	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 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

nd a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
01/06/2023	Worcester County Food Bank	474 Boston Tpk Shrewsbury MA 01545	charitable donation	120.7
01/10/2023	M&T Bank	4 Mower St Worcester MA 01602	bank fees	33.95
		Line 12: Total Expenditu	res over \$50 (or listed above)	120.7
		Line 13: Total Expenditur	es \$50 and under* (not listed above)	
	Enter on page 1 line 4	→ Line 14: TOTAL EXPE	NDITURES IN THE PERIOD	154.65

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				i
				ŀ
ļ				
:				
			}]]
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and a	under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	UKES 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

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 contributer in addition if the contribution is \$200 or many you must also more the contributed accountain 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
			The state of the s	
! ! 				
	-			
				[
				: