



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning 01 01 2014 Ending 12 31 2014

Type of report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Jack L. Foley
Full Name of Candidate (if applicable)
Worcester School Committee
Office Sought and District
6 Winter Hill Drive Worcester, MA 01605
Residential Address

Tel. No. (optional)

Committee to Elect Jack Foley
Committee Name
Bruce W. Dillaire
Name of Committee Treasurer
6 Winter Hill Drive Worcester, MA 01605
Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>3,645.17</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>-0-</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>3,645.17</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>12.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>3,633.17</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>-0-</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>-0-</u>
Line 8: Name of bank(s) used	<u>TD BANK, N.A.</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:
Bruce W. Dillaire _____
 Treasurer's signature (in ink) Date 1/19/15

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 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.
 Candidate without Committee OR Candidate with independent activity filing separate report
 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 committee in accordance with the requirements of M.G.L. c. 55.
 Signed under the penalties of perjury:

 Candidate signature (in ink) Date 1/19/15



SCHEDULE A: RECEIPTS NONE

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.

This page may be copied 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)
Line 9: Total receipts in excess of \$50 (or listed above)				Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				

* 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.

This page may be copied 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	
Line 12: Expenditures over \$50				0 00	
Line 13: Expenditures \$50 and under*				12 00	
Line 14: TOTAL EXPENDITURES				12 00	

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 *NONE*

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	
			Line 17: Total In-kind	

Enter on page 1, line 6

* 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 *NONE*

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
			Line 18: OUTSTANDING LIABILITIES (ALL)	

Enter on page 1, line 7



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance



File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning 10 13 2013 Ending 12 31 2013

Type of report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Jack L. Foley

Full Name of Candidate (if applicable)

Worcester School Committee

Office Sought and District

6 Winter Hill Dr Worcester MA 01605

Residential Address

Tel. No. (optional)

Committee to Elect Jack Foley

Committee Name

Bruce W. Dillane

Name of Committee Treasurer

6 Winter Hill Dr Worcester MA 01605

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>2,546.71</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1,200.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>3,746.71</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>101.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>3,645.71</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>-0-</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>-0-</u>
Line 8: Name of bank(s) used	<u>TD BANK, N.A.</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:

Bruce W. Dillane

Treasurer's signature (in ink)

1/14/14

Date

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 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.

Candidate without Committee OR Candidate with independent activity filing separate report

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]

Candidate signature (in ink)

1/17/14

Date

SCHEDULE C: "IN-KIND" CONTRIBUTIONS *None*

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	
			Line 17: Total In-kind	

Enter on page 1, line 6

* 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 *None*

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
			Line 18: OUTSTANDING LIABILITIES (ALL)	

Enter on page 1, line 7

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

COMMITTEE TO ELECT JACK FOLEY

CONTRIBUTIONS REPORTING LIST - OVER \$50.00

NAME	ADDRESS	AMOUNT	DATE	OCCUPATION	EMPLOYER
Gerard D'Amico	358 Salisbury Street, Worcester MA 01609	\$100.00	10/28/13		
James E. Collins	18 Country Way, Shrewsbury MA 01545	\$100.00	10/28/13		
John J. Monahan	19 Butternut Hill Road, Worcester, MA 01509	\$100.00	11/01/13		
Jay Gold	42 Beechmont Street, Worcester MA 01609	\$200.00	10/28/13	Realtor	Self-Employed
Thomas E. Myshraill	362 Salisbury Street, Worcester MA 01609	\$200.00	10/30/13	Administrator	Teradyne
Lenore A. Monahan	354 Salisbury Street, Worcester Ma 01609	\$250.00	11/01/13	Homemaker	N/A

TOTAL

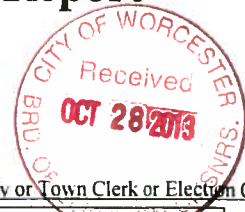
\$950.00



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01 01 2013 Ending Date: 10 18 2013

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Jack L. Foley
Candidate Full Name (if applicable)
Worcester School Committee
Office Sought and District
6 Winter Hill Drive Worcester, MA 01605
Residential Address
Telephone Number (optional): _____

Committee to Elect Jack Foley
Committee Name
Bruce W. Dillane
Name of Committee Treasurer
6 Winter Hill Drive Worcester, MA 01605
Committee Mailing Address
Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>787.71</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2,445.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3,232.71</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>686.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2,546.71</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:	_____

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: Bruce W. Dillane (Treasurer's signature) Date: 10/28/13

FOR CANDIDATE FILINGS ONLY: 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 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.

Candidate without Committee OR Candidate with independent activity filing separate report

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 10/20/13

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)
	<i>See Attached List</i>	<i>2,175.00</i>	
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			← 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 Receipts over \$50 (or listed above)	2,175.00	
Line 10: Total Receipts \$50 and under* (not listed above)	270.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD	2,445.00	← 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.

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
5/13/13	Worcester Educational Development Foundation	210 Park Avenue Worcester, MA 01609	Donation	100.00
6/6/13	South High School Marching Band	Worcester, MA	Donation	100.00
8/12/13	Worcester Democratic City Committee	Worcester, MA	Advertising	100.00
9/18/13	Webster House Restaurant	1 Webster Street Worcester, MA 01603	Fundraising	358.00

Line 12: Total Expenditures over \$50 (or listed above)	
Line 13: Total Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	

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 B: EXPENDITURES (continued)

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

Line 12: Expenditures over \$50 (or listed above)	<i>658.00</i>
Line 13: Expenditures \$50 and under* (not listed above)	<i>28.00</i>
Line 14: TOTAL EXPENDITURES IN THE PERIOD	<i>686.00</i>

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.

None

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over \$50 (or listed above)	- 0 -
Line 16: In-Kind Contributions \$50 & under (not listed above)	- 0 -
Line 17: TOTAL IN-KIND CONTRIBUTIONS	- 0 -

Enter on page 1, line 6 →

* 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.

COMMITTEE TO ELECT JACK FOLEY

CONTRIBUTIONS REPORTING LIST - OVER \$50.00

NAME	ADDRESS	AMOUNT	DATE	OCCUPATION	EMPLOYER
Cheryl M. Lapriore	27 Birch Lane, Shrewsbury, MA 01545	\$50.00	09/17/13		
Cassandra Datena	13 Neptune Road, Worcester, MA 01605	\$50.00	09/17/13		
Frank A. Zitomersky	800 Main Street, Worcester, MA 01610	\$50.00	09/13/13		
Roberta L. Brien	311 Richards Avenue, Paxton, MA 01612	\$50.00	09/17/13		
Russell H. Haims	6 Highfields Road, Wayland, MA 01778	\$50.00	09/12/13		
Mary E. Knittle	384 Burncoat Street, Worcester, MA 01606	\$50.00	09/16/13		
Yvette M. Dyson	107 Sandy Beach Road, Holland, MA 01521	\$50.00	09/17/13		
Paula A. Rosenblum	19 Haviland Street, Worcester, MA 01602	\$75.00	09/17/13		
Jill C. Dagillis	450 Mower Street, Worcester, MA 01602	\$100.00	09/17/13		
Allen W. Fletcher	4 Ash Street, Worcester, MA 01608	\$100.00	09/17/13		
John S. Teasdale	26 Nelson Place, Worcester, MA 01605	\$100.00	09/17/13		
Cynthia J. Skowyr	110 Dunhamtown Palmer Rd, Brimfield, MA 01010	\$100.00	09/17/13		
Brian S. Barrows	62 Oak Circle, Princeton, MA 01541	\$100.00	09/13/13		
Walter H. Crockett, Jr.	32 Maple Tree Lane, Worcester, MA 01602	\$100.00	09/17/13		
Craig L. Blais	89 Shrewsbury Street, Worcester, MA 01604	\$100.00	09/17/13		
Christos Liazos	5 Darling Street, Worcester, MA 01605	\$100.00	09/17/13		
John G. O'Brien	50 Clubhouse Way, Sutton, MA 01590	\$100.00	09/17/13		
John F. Woods, Jr.	22 Brookshire Road, Worcester, MA 01609	\$150.00	09/17/13		
Frances M. Anthes	9 Congress Street, Worcester, MA 01609	\$200.00	09/17/13	President/CEO	Family Health Center of Worcester
Comm To Elect B. Haller	34 Castle Street, Worcester, MA 01610	\$500.00	08/28/13		

TOTAL \$2,175.00