

Form CPF M 102: Campaign Finance Report Municipal Form

Municipal and Political Finance
2019 JAN 15 PM 3: 51

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: JANU	DECEMBER 31.2018
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
BRIAN A. O'CONNELL	Connittee to Recent BRIAN O CONNELL
School Connittee - City of Worcester	PATRICIA A. O'NOMMITTEE Name
54 PROVIDENCE Sought and District SHREY, WORLESTER, MA 01604-4268 Residential Address	SY Providence Street, Worcester, MA 01604-4268 Committee Mailing Address
E-mail BRIANOC/027 @ VERIZON, NET	E-mail BRIANOC 1027 @ VERIZON. NET
Phone # (optional)	Phone # (optional)
CHANGA DV DAY ANG	E ANDODA ASSOCIA
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	708.12
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	708.12
Line 4: Total expenditures this period (page 5, line	e 14) —
Line 5: Ending Balance (line 3 minus line 4)	708.12
Line 6: Total in-kind contributions this period (pa	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	8894.76
Line 8: Name of bank(s) used: SANTANDER	BANK
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 of finance activity of all persons acting under the <u>authority</u> or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign
	(Treasurer's signature) Date: 1-3-19
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)
	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, period.
Candidate without Committee OR Candidate with independent activity filing se 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 the	best of my knowledge and belief, a true and complete statement of all campaign i, in-kind contributions and liabilities for this reporting period and represents the s committee in accordance with the requirements of M G L. c. 55
Signed under the penalties of perjury:	(Candidate's signature) Date: 1-2-19

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 Dansinad	Name and Residential Address	A	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		}	
:			
		<u> </u>	
ine 9: Total Rece	ipts over \$50 (or listed above)	_	
ine 10: Total Rec	eipts \$50 and under* (not listed above)		
ine 11. TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
			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)

	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)	-	
	RECEIPTS IN THE PERIOD		← 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

eport all expenditures. Please include your committee name and a page number on each page.) To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
],[
		<u> </u>		
			-	
				, "
[{				
		.		
[]]		
		<u> </u>		
il				
		\ \ \ \ \ \ \ \ \ \ \ \ \ \		
1				
		<u> </u>		
II.				
[]				
		[[
		Line 12: Total Expenditures over	\$50 (or listed above)	
			1 1 4 7 . 11 . 4 4	
		Line 13: Total Expenditures \$50 a	and under* (not listed above)	
	Enter on mana 1 line 4 ->	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	
		r, include them in line 12. Line 13 sho		<u> </u>

^{*} 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 B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
<u> </u>				
!)**		
		į		,
				<u> </u>
1				1
			il i	
	[[]			
				1
22				
	1		0 (11 1 1 1	
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	خـ
		one 15. Expenditures 550 and	ander (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	
		r, include them in line 12. Line 13 s		

^{*} 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 6 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 C	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
10-1983	BRIAN A O CONNECL	54 Providence Street Wheeter, MA 01664-4268	CAMPAIGN FUNDS	894.76
7-5-2000	BRIAN A O CONNELL	SY Providence Street Worcester, MA 01604-4168	CAMPRIGN FUNDS	500 D.00
10-17-2003	BRIAN A. O' CONNECC	54 Providence Street Worcester, MA O1604-4268	CAMPAISN FUNDS	300.00
	VI.			
		P		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	8894.76



Form CPF M 102: Campaign Finance Report

Municipal Form

Received Worcester City Clerk

Office of Campaign and Political Finance

2018 JAN 19 AM 8: 08

	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: October	31,2017 Ending Date: December 31,2017			
Type of Report: (Check one)				
	30 day after election			
and day preceding premininary and our day preceding election	30 day after election			
BRIAN A D CONNELL Candidate Full Name (if applicable) SCHOOL COMMITTEE · City Of WORKESTER Office Sought and District Office Sought and District Address Residential Address E-mail: BRIANDE 1029 & VERTZON. Net Phone # (optional):	Canther to Recent BRAND CONVELL PATRICIA A O'N WLLEY Name of Committee Treasurer 54 PROVIDENCE TREET, WORCESTER MA 01604-4768 Committee Mailing Address E-mail BRIAND 1029 C VERIZON. NET Phone # (optional)			
SUMMARY BALANCE	INFORMATION			
JOHNAKI BADANCE	INFORMATION.			
Line 1: Ending Balance from previous report	708.12			
Line 2: Total receipts this period (page 3, line 11)				
Line 3: Subtotal (line 1 plus line 2)	708.17			
Line 4: Total expenditures this period (page 5, line	14) -			
Line 5: Ending Balance (line 3 minus line 4)	708.12			
Line 6: Total in-kind contributions this period (page	e 6)			
Line 7: Total (all) outstanding liabilities (page 7)	8894.76			
Line 8: Name of bank(s) used: SANAMOR	BANK			
Affiliate Committee Transport				
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 confinance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity.	ntributions and liabilities for this reporting period and represents the campaign			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of Candidate)	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 sepa Certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons active under the authority or on behalf of this contributions. Signed under the penalties of perjury:	est of my knowledge and belief, a true and complete statement of all campaign n-kind contributions and liabilities for this reporting period and represents the			

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 reportal 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 Rece	ipts over \$50 (or listed above)	_	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1	← Enter on page 1, line 2
* 15	1 : CC50 1 1 : 1- d- d :- 1:	0 1 1 10 10 1	Id include only these receipts not itemized chave

^{*} 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)

acsives WcOccupation & Employer Name and Residential Address (for contributions of \$200 or more) **Date Received** (alphabetical listing required) Amount 7018 JAN 19 AH 8: 08 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 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 it additional page for 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
Date I alu	(aiphabetical listing)	Address	Turpose of Expenditure	Amount
Щ				
ll.				
		li .		
		<u> </u>		<u>L</u>
			J	
			1.	
]		
ļ]		-		
1			111	
	:			
		<u> </u>		
	ļ	<u> </u>		
il				
			7	L
			{{	
[
		Line 12: Total Expenditures of	over \$50 (or listed above)	_
		Line 13: Total Expenditures \$	50 and under* (not listed above)	_
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDI	TURES 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 above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Raceives

	To Whom Paid	Worsester City Clerk		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			LOTO JAH 15 Ari 8	08
	Transition of the second			
<u></u>				
				Parameter 1
7 - 2				
		Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and		
	Enter on page 1, line 4 →			-
	Enter on page 1, inte 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 6 on page 1.

2018 JAN 19 AM 8: 08

			7010 JAN 13 KIT O O	
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	Į II	1		
				1
]			<u> </u>
}				
]
	<u> </u>			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Potential A.P. C.			
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	UN I KIBU I IUNS	2

^{*} 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.

Wordester City Clerk

Date Incurred	To Whom Due	Address	Purpose JAN 19	- Amount
10-1983	BRIAN A.O CONNELL	SY Providence Street Worleyler, MADIEH 4268	Campaign Funds	894.76
9-5-2000	BRIAN A. O. CONNECT	SY Providence Street Worcester, MA 01604-1268	Campaign funds	5000.00
10-17-2003	BRIAN A O CONNECC	54 Providence Street Worcevick, MA OKOY Yarg	CAMPAIN FUNDS	3000.60
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	8894.76



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachus	elis	File with: City or Town Clerk or Election Commission
Fill in Re	eporting Period dates: Beginning Date:	NUARY 1, 2017 Ending Date: October 30, 2017
Type of I	Report: (Check one)	
☐ 8th day	preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
BRIAN	· · · · · · · · · · · · · · · · · · ·	Connittee to Reciect BAIANO'CONNELL
	Candidate Full Name (if applicable)	Committee Name
O CNAOI	Office Sought and District	PATRICIA A. O'MALLEY Name of Committee Treasurer
SYPRO	VIDENCE STATET, WORCETCA, MA 0/604-4268	Committee Malling Address
Telephone N	umber (optional)	Telephone Number (optional)
N N	CUMBAADADALANC	CE INFORMATION
	SUMMARY BALANC	LE INFORMATION:
	Line 1: Ending Balance from previous report	708.12
	Line 2: Total receipts this period (page 3, line 11)	
	Line 3: Subtotal (line 1 plus line 2)	708.12
	Line 4: Total expenditures this period (page 5, line	ne 14)
	Line 5: Ending Balance (line 3 minus line 4)	708.12
	Line 6: Total in-kind contributions this period (pa	708.72 Worcester (2017) 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Line 7: Total (all) outstanding liabilities (page 7)	8894.76 38 200
	Line 8: Name of bank(s) used: JANTANDER	BANK FE
Affidavit of t	Committee Treasurer:	——————————————————————————————————————
I certify that I activity, inclu finance activi	I have examined this report including attached schedules and it is, to the best iding all contributions, loans, receipts, expenditures, disbursements, in-kind city of all persons acting under the authority or on behalf of this committee in	st of my knowledge and belief, a true and complete statement of all tempaignt nance d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M G L c. 55
	r the penalties of perjury: VECTS VE	(Treasurer's signature) Date: 10-35-17
]		oox only)
I certify activity.	ate with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in account any liabilities nor made any expenditures on my behalf during this reporting	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, and period
l certify	activity, including contributions, loans, receipts, expenditures, disbursements	he best of my knowledge and belief, a true and complete statement of all campaign its, in-kind contributions and liabilities for this reporting period and represents the
	r the penalties of perjury:	(Candidate's signature) (Candidate's signature) (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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			The second secon
	8484.68		
		- T 10 = 1	
		7. 7	
ine 9: Total Receip	ots 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)
3			
ine 9: Total Recei	pts over \$50 (or listed above)	-	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	1	
ine 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 report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	74.7			
				71.0
-				
	M-1			
		Line 12: Total Expenditure	s over \$50 (or listed above)	-
		Line 13: Total Expenditures \$50 and under* (not listed above)		
				KLET ILL T
	Enter on page 1, line 4 -	→ Line 14: TOTAL EXPEN	DITURES 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 above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
			23 (2842)		
[3					
		Line 12: Expenditures over \$50	0 (or listed above)	-	
Line 13: Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES 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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	= = = = = = = = = = = = = = = = = = = =			
		Line 15: In-Kind Contributio	ns over \$50 (or listed above)	-
		Line 16: In-Kind Contribution	ns \$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.

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
10-1983	BRIAN A O' CONNELL	54 PROVIDENCE STACET Worcester, MA 01604.4268	CAMPAIGN FUNDS	894.76
9-5.2000	BRIAN A.O. CONNELL	SY PROVIDENCE STREET WORCESTER, MA O KOY-1268	CAMPAIEN FUNDS	5000.00
10:17:2003	BRIAN A.O. CONNELL	54 PADVIDENCE STARET WORCESTER, MA 016044768	CAMPAIN FUNDS	3000_00
				P.5.
-				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	889476

