

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.

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)
	NO DONATIONS		RECEIVED
Line 9: Total receipts in excess of \$50 (or listed above)		0	00
Line 10: Total receipts \$50 and under* (not listed above)		0	00
Line 11: TOTAL RECEIPTS IN THE PERIOD		0	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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		<u>NONE</u>		
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

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
		<u>NONE</u>		
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7



Commonwealth of Massachusetts

Schedule E
Municipal Form
Disclosure of Assets Statement
Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

CPF ID#

This form should be filed by all candidates and committees with each year end and each dissolution report.

Committee Name: COMM TO ELECT BOB BOGIGIAN Date of report: 01-11-08

All candidates and committees must fill in Part A or Part B.

Part A:

No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Table with 5 columns: Asset, Date Acquired, Present Location, Manner Acquired, Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Table with 5 columns: Asset, Date Acquired, Disposition to: Name and Address, Date and Manner of Disposition, Disposition Value

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee.

*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

Signed under the penalties of perjury:

Candidate signature: Robert A. Bogigian, Date

Treasurer signature: Robert A. Bogigian, Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.



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.

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)
10-20	BOGIGIAN, ROBERT A & ROSSLARE DR	1295	00	RETIRED
Line 9: Total receipts in excess of \$50 (or listed above)		1295	00	
Line 10: Total receipts \$50 and under* (not listed above)		65	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1360	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.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
ELECTION COMMISSION

2007 AUG 27 PM 2:11

WORCESTER, MA

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month Date Year Ending Month Date Year
 AUG 24 2007 OCT 29 2007

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

ROBERT A. BOGIGIAN
 Full Name of Candidate (if applicable)
SCHOOL COMMITTEE
 Office Sought and District
8 ROSSLAKE DR
 Residential Address
(508) 792-1165
 Tel. No. (optional)

COMM. TO ELECT BOB BOGIGIAN
 Committee Name
ROBERT A. BOGIGIAN
 Name of Committee Treasurer
8 ROSSLAKE DR.
 Committee Mailing Address
8 ROSSLAKE DR
(508) 792-1165 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 264.14
 Line 2: Total receipts this period (page 2, line 11) \$ 25.00
 Line 3: Subtotal (line 1 plus line 2) \$ 289.14
 Line 4: Total expenditures this period (page 3, line 14) \$ 50.00
 Line 5: Ending balance (line 3 minus line 4) \$ 239.14
 Line 6: Total in-kind contributions this period (page 4) \$ 0
 Line 7: Total (all) outstanding liabilities (page 4) \$ 0
 Line 8: Name of bank(s) used SOVEREIGN

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:

Robert A. Bogigian
Treasurer's signature (in ink)

August 29, 2007
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:

Robert A. Bogigian
Candidate signature (in ink)

August 29, 2007
Date

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		N/A		
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

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
		N/A		
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7

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	
12-20	DEERFIELD PRESS	90 GROVE ST WORCESTER	STATIONERY	173	00
10-20	TEL & GAZETTE	20 FRANKLIN ST WORCESTER	ADVERTISEMENTS	1128	00
Line 12: Expenditures over \$50				1301	00
Line 13: Expenditures \$50 and under*				50	00
Line 14: TOTAL EXPENDITURES				1351	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

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
		N/A		
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			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
		N/A		
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
ELECTION COMMISSION

2007 OCT 26 AM 11:56

WORCESTER, MA

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month Day Year Ending Month Day Year
Reporting Period Beginning AUG 24 2007 Ending OCT 19 2007

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

ROBERT A. BOGIGIAN
Full Name of Candidate (if applicable)
SCHOOL COMMITTEE
Office Sought and District
8 ROSSLARE DR
Residential Address
(508) 792-1165
Tel. No. (optional)

COMMITTEE TO ELECT BOB BOGIGIAN
Committee Name
ROBERT A. BOGIGIAN
Name of Committee Treasurer
8 ROSSLARE DR
Committee Mailing Address
(508) 792-1165
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>239.14</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1295.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>1534.14</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>564.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>970.00</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>SOVEREIGN</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:

Robert A. Bogigian Oct. 24, 2007
Treasurer's signature (in ink) 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:

Robert A. Bogigian Oct. 24, 2007
Candidate signature (in ink) Date

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10-16	BOGIGIAN, ROBERT A. 8 ROSSLAKE DR	1295	00	RETIRED
Line 9: Total receipts in excess of \$50 (or listed above)		1295	00	
Line 10: Total receipts \$50 and under* (not listed above)		0		
Line 11: TOTAL RECEIPTS IN THE PERIOD		1295	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

SCHEDULE B: EXPENDITURES

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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	
10-20	TEL. & GAZETTE	20 FRANKLIN WORK. MA	POLITICAL ADVERTISEMENT	564	00
Line 12: Expenditures over \$50				564	00
Line 13: Expenditures \$50 and under*				0	
Line 14: TOTAL EXPENDITURES				564	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

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Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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Line 15: In-kind over \$50				
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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
		N/A		
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7

