



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
CITY CLERK  
2009 JAN -7 PM 12:10

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 1 Date 22 Year 08 Ending Month 1 Date 3 Year 09

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

Lynne Simonds  
Full Name of Candidate (if applicable)  
City Council - District 4  
Office Sought and District Worce.  
45 Grand Street #418 MA 01610  
Residential Address  
508-756-3548  
Tel. No. (optional)

Committee to Elect Lynne Simonds  
Committee Name  
to City Council - District 4  
Name of Committee Treasurer  
DAVID Mc MAHON  
Committee Mailing Address Worce  
45 Grand Street #48 MA 01610  
Tel. No. (optional) 508-756-3548

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 124.96  
Line 2: Total receipts this period (page 2, line 11) \$ 0.00  
Line 3: Subtotal (line 1 plus line 2) \$ 124.96  
Line 4: Total expenditures this period (page 3, line 14) \$ 124.96  
Line 5: Ending balance (line 3 minus line 4) \$ 0.00  
Line 6: Total in-kind contributions this period (page 4) \$ 0.00  
Line 7: Total (all) outstanding liabilities (page 4) \$ 0.00  
Line 8: Name of bank(s) used BANKNORTH

#### 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:

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:

Lynne Simonds  
Candidate signature (in ink)

1/3/09  
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
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
<b>Line 17: Total In-kind</b>				0.00

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
Line 18: OUTSTANDING LIABILITIES (ALL)				0.00

Enter on page 1, line 7



# Form CPF M 102: Campaign Finance Report

Municipal Form  
Office of Campaign and Political Finance

RECEIVED  
WORCESTER CITY CLERK

File with:  
City or Town Clerk or Election Commission

2008 JAN 23 A 7:52

Please print or type all information, except signatures.

Fill in dates:	Month	Date	Year	Ending	Month	Date	Year
Reporting Period Beginning	12	6	07	Ending	1	22	08

Type of report: (Check one)

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

Lynne Simonds  
Full Name of Candidate (if applicable)  
City Council - District 4  
Office Sought and District WORC.  
45 Grand Street #418 MA 01610  
Residential Address  
508-756-3548  
Tel. No. (optional)

Committee to Elect Lynne Simonds  
Committee Name  
to City Council - District 4  
Name of Committee Treasurer  
David McMahon  
Committee Mailing Address  
45 Grand Street #418, WORC MA 01610  
508-756-3548 Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>24.96</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>100.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>124.96</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>0.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>124.96</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0.00</u>
Line 8: Name of bank(s) used	<u>BANK OF AMERICA</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:

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:

Lynne Simonds  
Candidate signature (in ink)

1/22/08  
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
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
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	



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

Commonwealth  
of Massachusetts

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: Committee to Elect Lynne Simonds Date of report: 1/22/08  
to City Council District 4

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.

Asset <small>Include year, model or other identifying information, if applicable.</small>	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.

Asset <small>Include year, model or other identifying information, if applicable.</small>	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value <small>Attach statement of how value is determined.</small>

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. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

\*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:

Lynne Simonds 1/22/08  
Candidate signature Date

\_\_\_\_\_  
Treasurer signature Date

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





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:	Month	Date	Year	Month	Date	Year
Reporting Period Beginning	10	30	07	Ending	12	6

Type of report: (Check one)

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

LYNNE SIMONDS  
Full Name of Candidate (if applicable)

City Council - District 4  
Office Sought and District

45 GRAND ST. #418, WORC. MA 01610  
Residential Address

508-756-3548  
Tel. No. (optional)

Committee to Elect Lynne Simonds  
Committee Name

to City Council - District 4  
Name of Committee Treasurer

DAVID McMAHON  
Committee Mailing Address

45 GRAND Street #418 WORC. 01610  
Tel. No. (optional)

RECEIVED  
 WORCESTER CITY CLERK  
 2007 DEC 11

SUMMARY BALANCE INFORMATION:	
Line 1: Ending balance from previous report	\$ <u>68.86</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1,300.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>1,368.86</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1,343.90</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>24.96</u>
-----	
Line 6: Total in-kind contributions this period (page 4)	\$ <u>529.79</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0.00</u>
Line 8: Name of bank(s) used	<u>BANKNORTH</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:

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:

Lynne Simonds  
Candidate signature (in ink) \_\_\_\_\_ Date 12/10/07

**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)
11/1/07	WAYNE BATES 87 ADAMS STREET BOYLSTON, MA 01505-0500	100	00	FINANCE
10/29/07	STANLEY HAYDEN 1801 OCEAN DRIVE J214 BOYNTON BEACH, FL 33426	500	00	Retired
11/1/07	TIM + SUSAN O'BRIEN 123 BARNARD ROAD WORCESTER, MA 01605	100	00	
12/3/07	LYNNE SIMONIS 45 GRAND STREET #415 WORCESTER, MA 01610	500	00	PROGRAM DIRECTOR
Line 9: Total receipts in excess of \$50 (or listed above)		1200	00	
Line 10: Total receipts \$50 and under* (not listed above)		100	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1300	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.*

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	
12/1/07	CREATIVE SERVICES P.O. BOX 417 LEICESTER MA 01524	P.O. BOX 417 LEICESTER, MA 01524	CAMPAIGN MAILER (Postcard)	716	10
10/31/07	MARV DIRECT MAIL	105 FREMONT ST. Worcester, MA 01603	LABELS	145	50
10/31/07	POSTMASTER	Central Street	Postage	28	05
10/31/07	POSTMASTER	Central Street	Postage	454	25
Line 12: Expenditures over \$50				1315	85
Line 13: Expenditures \$50 and under*				28	05
Line 14: TOTAL EXPENDITURES				1343	90

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
11/6/07	Shirley Edinburg	54 Beechwy Street Worcester, MA 01602	Food for Election Night	\$ 30.02
10/29/07	LYNNE SIMONDS	45 Grand St. #418 Worcester, MA 01602	Related costs for Fundraisers	401.54
11/05/07	Lynne Simonds	45 Grand Street #418 Worcester, MA 01610	Additional Fundraising Costs + Campaign Electron Party	98.23
Line 15: In-kind over \$50				499.77
Line 16: In-kind \$50 and under				30.02
<b>Line 17: Total In-kind</b>				<b>\$529.79</b>

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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				<b>0.00</b>

Enter on page 1, line 7



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

Office of Campaign and Political Finance

RECEIVED  
ELECTION COMMISSION

2007 OCT 29 AM 9:06

File with:  
City or Town Clerk or Election Commission

WORCESTER, MA

Please print or type all information, except signatures.

Fill in dates:  
Reporting Period Beginning 8 / 31 / 07 Ending 10 / 29 / 07

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

Lynne Simonds  
 Full Name of Candidate (if applicable)  
CITY COUNCIL - District 4  
 Office Sought and District Worc  
45 GRAND Street #418 01610  
 Residential Address  
508-756-3548  
 Tel. No. (optional)

Committee to Elect Lynne Simonds  
 Committee Name  
to City Council - District 4  
 Name of Committee Treasurer  
DAVID McMAHON  
 Committee Mailing Address  
45 GRAND Street #418 WORC, MA 01610  
508-756-3548 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report    \$ 223.57  
 Line 2: Total receipts this period (page 2, line 11)    \$ 1770.00  
 Line 3: Subtotal (line 1 plus line 2)    \$ 1993.57  
 Line 4: Total expenditures this period (page 3, line 14)    \$ 1924.71  
 Line 5: Ending balance (line 3 minus line 4)    \$ 68.86  
 Line 6: Total in-kind contributions this period (page 4)    \$ 103.02  
 Line 7: Total (all) outstanding liabilities (page 4)    \$ 1,017.64  
 Line 8: Name of bank(s) used BANK NORTH

**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:

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:

Lynne Simonds  
 Candidate signature (in ink)

10/29/07  
 Date



**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	
10/21/07	ALTA CAFE	814 MARCO STREET WORC. MA 01609	Rental site for fundraiser	200	00
10/27/07	FELUPE AMADOR	165 COUNTRY CLUB BLVD, #424, WORC	Political consulting/ADVISOR	200	00
10/16/07	CREATIVE SERVICES of NEW ENGLAND	P.O. Box 417 LEICESTER, MA 01524	Signs	573	05
10/25/07	HISPANIC NEWS PRESS, INC.	1318 BEACON STREET SUITE 105 BOSTON, MA	POLITICAL ADS	236	00
10/16/07	SERRATO SIGNS	15 DREW ST. WORCESTER, MA	Signs	630	00
Line 12: Expenditures over \$50				1839	05
Line 13: Expenditures \$50 and under*				85	66
Line 14: TOTAL EXPENDITURES				1924	71

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
9/27/07	Shirlee Edinberg	54 Beeching Street Worcester, MA 01602	food for fund raiser	\$103.02
Line 15: In-kind over \$50				\$103.02
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
10/23/07	Creative Services of New England	P.O. Box 417 Leicester, MA 01524	MAILER Postcards	716.10
10/28/07	Lynne Simonds	45 Grand St. #418 Worcester, MA 01610	Related costs for fund raisers	401.54
Line 18: OUTSTANDING LIABILITIES (ALL)				\$1,117.64

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.



**Form CPF M 102: Campaign Finance Report**  
**Municipal Form**  
 Office of Campaign and Political Finance

RECEIVED

ELECTION COMMISSION

2007 AUG 30 AM 11:30

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 1 / 13 / 07 Ending 8 / 30 / 07

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

LYONE SIMONDS  
 Full Name of Candidate (if applicable)  
City Council - District 4  
 Office Sought and District  
45 GRAND Street, WORC. MA 01610  
 Residential Address  
508-756-3548  
 Tel. No. (optional)

Committee to Elect Lyone Simonds  
 Committee Name  
to City Council - District 4  
 Name of Committee Treasurer  
DAVIS McMAHON  
 Committee Mailing Address  
45 GRAND Street #418, WORC. MA 01610  
508-756-3548 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>227.12</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>2092.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>2319.12</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>2095.55</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>223.57</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0.00</u>
Line 8: Name of bank(s) used	<u>BANK NORTH</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:

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:

Lyone Simonds \_\_\_\_\_ Date 8/30/07  
 Candidate signature (in ink) \_\_\_\_\_ 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.

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)
1/12/07	CHRISTOPHER ARIEL 7 MARSTON WAY WORC, MA 01609	100 00	Retired
2/10/07	CHRISTOPHER ARIEL 7 MARSTON WAY WORC, MA 01609	100 00	"
2/12/07	CHRISTOPHER ARIEL 7 MARSTON WAY, WORC. MA 01609	100 00	"
4/15/07	CHRISTOPHER ARIEL 7 MARSTON WAY, WORC. MA 01609	100 00	"
8/23/07	CHRISTOPHER ARIEL 7 MARSTON WAY WORC. MA 01609	100 00	"
7/29/07	ANONYMOUS DONATION	100 00	
4/29/07	HEZ CUTLER 1 INDEPENDENCE LANE, SHREWSBURY	100 00	
2/20/07	KUZI GUZDE CIGAN - DORNAD 38 SEVEN STREET, WORC, MA 01609	100 00	
7/12/07	CLAUDE DORNAD 38 SEVEN STREET, WORC, MA 01609	100 00	
4/15/07	LUZ GUZALIER 29 EAST MOUNTAIN ST, WORC, MA 01606	250 00	RECTOR
4/24/07	DOUG HADDAD 8 DAVIDSON ROAD, PAXTON, MA 01612	100 00	
4/6/07	TERNIA SOLIS 16 DAYTON STREET, WORC. MA 01609	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		1350 00	
Line 10: Total receipts \$50 and under* (not listed above)		742 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2092 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.

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	
5/1/07	creative services	P.O. Box 417 Leicester, MA 01524	Printing	571	20
7/7/07	creative services	P.O. Box 417 Leicester, MA 01524	Printing	1,169	37
7/31/07	Postmaster	Central Street	Postage	71	50
Line 12: Expenditures over \$50				1812	09
Line 13: Expenditures \$50 and under*				283	48
Line 14: TOTAL EXPENDITURES				2095	55

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
Enter on page 1, line 6		Line 15: In-kind over \$50		
		Line 16: In-kind \$50 and under		
		<b>Line 17: Total In-kind</b>		00.00

\* 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
Enter on page 1, line 7		<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>		00.00



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: COMMITTEE TO ELECT LYNNE SIMONDS TO CITY COUNCIL - DISTRICT 4 Date of report: 8/30/07

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.

Asset Include year, model or other identifying information, if applicable.	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.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.

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. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

\*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:

Lynne Simonds 8/30/07  
Candidate signature Date

\_\_\_\_\_  
Treasurer signature Date

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

