



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
WORCESTER CITY CLERK

2011 JUN 10 PM 2:00

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01-01-10 Ending Date: 12-31-10

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

ROBERT BOGIGIAN  
Candidate Full Name (if applicable)

SCHOOL COMMITTEE  
Office Sought and District

8 ROSSLARE DR  
Residential Address

Telephone Number (optional): (508) 792-1155

N/A  
Committee Name

N/A  
Name of Committee Treasurer

N/A  
Committee Mailing Address

Telephone Number (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>148.87</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>148.87</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>44.87 BANK SERVICE FEE</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>104.87</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:	<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 Bogigian (Treasurer's signature) Date: 01-07-11

**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: Robert Bogigian (Candidate's signature) Date: 01-07-11









## 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
		NOT APPLICABLE		
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 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				

\* 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.





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

RECEIVED  
 WORCESTER CITY CLERK

2010 JAN -4 AM 11:11

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
	JAN.	1	2009		DEC.	31	2009

**Type of report: (Check one)**

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

ROBERT A. BOGGIGIAN  
 Full Name of Candidate (if applicable)

SCHOOL COMMITTEE  
 Office Sought and District

8 ROSSLARE DR  
 Residential Address

(508) 792-1165  
 Tel. No. (optional)

COMM. TO ELECT BOB BOGGIGIAN  
 Committee Name

ROBERT A. BOGGIGIAN  
 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	\$ 148.87
Line 2: Total receipts this period (page 2, line 11)	\$ 0
Line 3: Subtotal (line 1 plus line 2)	\$ 148.87
Line 4: Total expenditures this period (page 3, line 14)	\$ 0
Line 5: Ending balance (line 3 minus line 4)	\$ 148.87
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. Boggigian      Jan 1, 2010  
 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. Boggigian      Jan 1 2010  
 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)
08-30	DEIRDRE LUGG#21A	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		100	00	
Line 10: Total receipts \$50 and under* (not listed above)		25	00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>125</b>	<b>00</b>	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	
02-03	ST. PETER'S - MARLOW	GRUBB ST	CAMPAIGN AD	150	00
Line 12: Expenditures over \$50				150	00
Line 13: Expenditures \$50 and under*				0	
<b>Line 14: TOTAL EXPENDITURES</b>				150	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	
			<b>Line 17: Total In-kind</b>	

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



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
WORCESTER CITY CLERK

2009 OCT 19 PM 2:31

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

WORCESTER, MA

### Fill in dates:

Reporting Period Beginning JAN 01 Month Date Year Ending OCT 16 Month Date Year 2009

### 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 BOGIGIAN

Name of Committee Treasurer

8 ROSSLAKE DR

Committee Mailing Address

(508) 792-1165

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 173,87

Line 2: Total receipts this period (page 2, line 11) \$ 125,00

Line 3: Subtotal (line 1 plus line 2) \$ 298,87

Line 4: Total expenditures this period (page 3, line 14) \$ 150,00

Line 5: Ending balance (line 3 minus line 4) \$ 148,87

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)

10-17-09

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)

10-17-09

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)
08-30	DEBORAH LOUGHLIN 82 BOSTON BAY RD	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		100	00	
Line 10: Total receipts \$50 and under* (not listed above)		25	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		125	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	
02-03	ST. PETER-MARIAN HIGH SCHOOL	GRACE ST	CAMPAIGN AD	150	00
Line 12: Expenditures over \$50				150	00
Line 13: Expenditures \$50 and under*				0	
Line 14: TOTAL EXPENDITURES				150	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
		<i>Not applicable</i>		
Enter on page 1, line 6			<b>Line 15: In-kind over \$50</b>	
			<b>Line 16: In-kind \$50 and under</b>	
			<b>Line 17: Total In-kind</b>	

\* 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
		<i>Not applicable</i>		
Enter on page 1, line 7			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	