



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
CITY CLERK

2011 JUN 11 PM 4:15

Fill in Reporting Period dates:

Beginning Date:

1-4-10

Ending Date:

1-10-11

File with: City or Town Clerk or Election Commission

Type of Report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

John F. Monfredo

Candidate Full Name (if applicable)

School Committee - Worcester

Office Sought and District

8 Cherokee Rd. Worcester, MA 01606

Residential Address

Telephone Number (optional):

(508) 853-3444

Committee to Re-elect John Monfredo

Committee Name to School Committee

Joseph Monfredo

Name of Committee Treasurer

8 Cherokee Rd. Worcester, MA 01606

Committee Mailing Address

Telephone Number (optional):

(508) 853-3444

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$ 4,191.12

Line 2: Total receipts this period (page 3, line 11)

—

Line 3: Subtotal (line 1 plus line 2)

\$ 4,191.12

Line 4: Total expenditures this period (page 5, line 14)

\$ 320.00

Line 5: Ending Balance (line 3 minus line 4)

\$ 3,871.12

Line 6: Total in-kind contributions this period (page 6)

—

Line 7: Total (all) outstanding liabilities (page 7)

\$ 1,500.00

Line 8: Name of bank(s) used:

People's United Bank

### 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:

Joseph J. Monfredo

(Treasurer's signature)

Date:

1-10-11

### 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:

John Monfredo

(Candidate's signature)

Date:

1-10-11







# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
WORCESTER CITY CLERK

2010 JAN -5 PM 2:02

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	Month	Date	Year	Ending	Month	Date	Year
	10	24	09		1	4	2010

Type of report: (Check one)

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

Full Name of Candidate (if applicable)  
John F. Monfredo

Office Sought and District  
School Committee - Worcester

Residential Address  
8 Cherokee Rd/Worc. MA

Tel. No. (optional)  
508-853-3444

Committee Name  
Committee to re-elect J. Monfredo to Sch. Com

Name of Committee Treasurer  
Joseph Monfredo

Committee Mailing Address  
8 Cherokee Rd.

Tel. No. (optional)  
508-853-3444

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>4316.12</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>—</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>4316.12</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>125.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>4191.12</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>—</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>1500.00</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:  
Joseph Monfredo      Date 1/4/10

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:  
\_\_\_\_\_  
Candidate signature (in ink)      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
05	John F. Montredo	8 Cherokee Rd. Worcester, MA 01606	Seed money	\$ 1,500.00
Enter on page 1, line 7		Line 18: OUTSTANDING LIABILITIES (ALL)		



Committee to Re-elect  
John Monfredo to the  
School Committee

**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)
6-09	Maryan Butler Worcester 6 Walter St. 01602	100	00	
6-09	Ray Clifford Holden 96 Cranbrook Dr. 01520	100	00	
6-09	John Conte Worcester 29 Elnora Dr.	100	00	
6-09	Edward & Margaret D'Arcy Worcester 20 Elmwood St. 01602	100	00	
6-09	Kevin & Maria Donahue Worcester 18 Bailin Dr. 01604	100	00	
6-09	Maureen & Frank Desrosiers Worcester 34 Garrison Ave. 01606	100	00	
6-09	Richard & Joan Freedman Worcester 474 Salisbury St. 01609	100	00	
6-09	Michael & Sandy Grandone Worcester 49 Brightwood Ave. 01604	100	00	
6-09	Christina Guertin Jefferson, MA 71 Boulder Hill Rd.	100	00	
6-09	Stan and Debi Levenson Worcester 9 Linden St. 01609	100	00	
6-09	Ray and Dredre Loughlin Worcester 82 Botany Bay Rd. 01602	100	00	
6-09	Naomi Madell Worcester 22 Elmwood St. 01602	100	00	
6-09	Susan Mariano N. Grafton 1 Hollywood Dr. 01536	100	00	
6-09	Mary Jo Marion Milton, MA 81 Cliff Rd. 02186	100	00	
6-09	Natalie Marrino Shrewsbury, MA 18 Nowe Ave. 01545	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		2975	00	
Line 10: Total receipts \$50 and under* (not listed above)		3398	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		6373	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 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)
6-09	Arthur + Irena Manxhari 130 Newton Ave. North Worcester 01609	100	00	
6-09	Kevin + Kathy Mercandante 7 Bigregorio Dr. Worcester 01604	100	00	
6-09	Mark Mobilio 259 Shrewsbury St. Worcester 01604	100	00	
6-09	Ben and Marcelle Monfredo 106 Cedar Rd. Holden, MA 01520	100	00	
6-09	Mayo Morgan 2 Brookshire Rd. Worcester 01602	200	00	Homemaker
6-09	Robert + Joan Perlman 118 Newton Ave. North Worcester 01609	100	00	
6-09	Ray + Barbara Perrone 86 Alvarado Ave. Worcester 01604	100	00	
6-09	Stephen Pezzella 4 Kalam St. Shrewsbury 01545	100	00	
6-09	Rosanne Phelps 7 Stonehouse Lane Worcester, MA 01609	100	00	
6-09	Eileen Postale 45 Longfellow Dr. Shrewsbury, MA 01545	100	00	
6-09	John Simoncini 131 Hillside Village Dr. W. Boylston, MA 01583	75	00	
6-09	Robert Pezzella 42 Greenburt St. Worcester, MA 01604	100	00	
6-09	Jeff and Carol Stone 28 June St. Northbridge, MA 01534	100	00	
6-09	Robert Wardell 3 Hawthorne St. Worcester 01610	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)				See Page 2
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.



Committee to re-elect  
John Monfredo  
to the  
School Committee

**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	
			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
05	John F. Monfredo	8 Cherokee Rd. Worcester, MA 01606	Seed money	\$1,500.00
			Line 18: OUTSTANDING LIABILITIES (ALL)	

Enter on page 1, line 7