

Form CPF M 102: Campaign Finance Report Municipal Form: WORGESTER CITY CLERK Office of Campaign and Political Finance

Communicated Commu	2012 JAN 19 AM 10: 00
File with: City or Town Clerk or Election Commission Please print or type all in	formation, except signatures. OESTER, MA
	OII Ending OEC. 31 Year 2011
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding elect	ion 30 day after election year-end report dissolution
Full Name of Candidate (If applicable) SCHOOL COMMITTEE! WORCESTER Office Sought and District A HOWLAND TEKRACE Residential Address WORCESTER, MA 01602 Tel. No. (optional)	COMMITTEE TO LE-ELECT MARY MULLANEY Committee Name KEVIN KEARNEY Name of Committee Treasurer 24 HOWLAND TERRACE Committee Mailing Address WORCESTER, MA 01602 Tel. No. (optional)
SUMMARY BALA Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabi Line 8: Name of bank(s) used Balance	(page 2, line 11)
	ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on behalf of this contributions, incurred any liabilities nor made any expenditures on my behalf Candidate without Committee OR Candidate with independent activity 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 committee in accordance with the requirements of M.G.L. c. 55. I have not received any during this reporting period. y filing separate report to the best of my knowledge and belief, a true and complete statement of all campaign rements, in-kind contributions and liabilities for this reporting period and represents the fof this committee in accordance with the requirements of M.G.L. c. 55.

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 themize 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)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
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		351		
			1	
	2			
	tal receipts in excess of \$50 (or listed above)	٥		
	tal receipts \$50 and under* (not listed above)	0		
Line 11: T(OTAL RECEIPTS IN THE PERIOD	0		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

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	Amou	unt
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	\$		·		
0.5	:	Line	12: Expenditures over \$50	א	07
		Line	13: Expenditures \$50 and under*	20	
F	Enter on page 1, line 4	Line	: 14:TOTAL EXPENDITURES	∂0	08

^{*}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 3

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
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	,			
•				
		Line 15:	In-kind over \$50	O
		Line 16:	In-kind \$50 and under	0
	Enter on page 1, line 6	Line 17:	Total In-kind	0

^{*} 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)	0

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.

Page 4



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

ORCESTER CITY CLERK

File with: City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: Reporting Period Beginning SEPT al 2011 Ending Type of report: (Check one) ₹8th day preceding election □30 day after election □year-end report □dissolution ☐8th day preceding preliminary MARY MULLANDY COMMITTEE TO RE-ELECT MARY MULLANE! Full Name of Candidate (if applicable) Committee Name SCHOOL COMMITTER! WORCESTER KEUIN KEARNEY Office Sought and District Name of Committee Treasurer HOWLAND TERRACE HOWLAND TERRACE Residential Address Committee Mailing Address WORCES TER. MA 01602 WORCESTED, MA 01602 Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total-receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used BANK OF AMERICA-Affidavit of Committee Tressurer: 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: 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:

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 lumize 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

milliber on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more	
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	*				
	V4				
Line 9:	Total receipts in excess of \$50 (or listed above)	0	00		
	Total receipts \$50 and under* (not listed above)		.00		
Line 11:	TOTAL RECEIPTS IN THE PERIOD		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

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	Amou	
			•		
	•				
:		·	12: Expenditures over \$50	0	OC
			13: Expenditures \$50 and under*	0	OC
]	Enter on page 1, line 4	Line	2 14: TOTAL EXPENDITURES	O	or

^{*}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 3

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	Ô
		Line 16:	In-kind \$50 and under	0
	Enter on page 1, line 6	Line 17:	Total In-kind	0

^{*} 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
			и	
			•	
(Enter on page 1, line 7	Line 18: OUTSTANDING L	IABILITIES (ALL)	0

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.

Page 4



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

2011 SEP 12 AM 10: 25

Please print or type all information, except signatures. Post	ile with: ity or Town Clerk or Election Commission					TER, MA	
Reporting Period Beginning TANUARY ADII Ending SCPT, A DIII Type of report: (Check one)	77911				S	Date	V
Sth day preceding preliminary	, , , , , , , , , , , , , , , , , , , ,	<u>T</u> , .			r		
SCHXIL COMMITTEE, WORCESTER Office Sought and District AA HOWLAND TENKAGE, Residential Address WORCESTER, MA OLGO Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 2, line 11) Line 5: Ending balance (line 3 minus line 4) Line 5: Ending balance (line 3 minus line 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used BANK OF DMERICA 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, rependitures, disbursements, in-kind contributions with the requirements of M.C.L. c. 55. Signed under the penaltites of perjary: Affidavit of Committee (check i hos coly) Canadilates with Committee and no activity independent of the committee in accordance with the requirements of M.C.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity 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, to on behalf of this committee in accordance with the requirements of M.C.L. c. 55. POR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW) Affidavit of Committee and no activity independent activity filing apparatus on the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, lones, receipts, expenditures, disbursement, in-kind contributions and liabilities for this reporting period and represents the companies of the committee in accordance with the requirements of M.C.L.		y preceding ele	ection 30 da	y after electio	n □yea	ar-end report	dissolution
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 3, line 14) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used BANK OF BMETICA Affidavit of Committee Treasurer: 1 certify that 1 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 finding all contributions, losurs, 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. 35. Signed under the penaltites of perjury: Say 11, 2011 Treasurer's signature (in ink) Affidavit of Camildate: (check 1 hos only) Canalidate with Committee and no activity independent of the committee FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW) Affidavit of July 1 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 subsority or on behalf during this reporting period with requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expectationizes on my behalf during 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 All campaign finances activity of all persons acting under the authority or on behalf during this reporting period and represents the campaign finance activity of all persons acting under	Full Name of Candidate (if applicated SCHOOL COMMITTED, WOOD Office Sought and District SA HOWLAND TEXERAL Residential Address WORCESTER, MA 01602	CRCHSTER KR.	24 Ho	Committee	ittee Nam KEAR mittee Ti FRA Mailing A	NEY reasurer (ACE, address (D)	
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: Candidate with Committee and no activity independent of the committee	Line 1: Ending balan Line 2: Total receipts Line 3: Subtotal (line 1 Line 4: Total expendi Line 5: Ending balan Line 6: Total in-kind c Line 7: Total (all) outs	s this period plus line 2) itures this itures this iture 3 min ontribution tanding lial	revious report (page 2, line period (page 4) s this period (page billities (page page 4) s this period (page 4)	3, line 14) I (page 4)	\$ 21 \$ 0 \$ a1 \$ 0 \$ 2	.08	
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.	I certify that I have examined this report including attact finance activity, including all contributions, loans, receip campaign finance activity of all persons acting under the	ts, expenditures, dis authority or on beh	bursements, in-kind alf of this committee	contributions and in accordance wit y:	h the require	r this reporting priments of M.G.L	period and represents the
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.		TE FILING	S ONLY: (C	NDIDATE MU			
	Affidavit of Candidate: (check 1 hox only) Candidate with Committee and no activity indeper I certify that I have examined this report including attact finance activity, of all persons acting under the authority contributions, incurred any liabilities nor made any expectional cardidate without Committee OR Candidate with I certify that I have examined this report including attact finance activity, including contributions, loans, receipts, campaign finance activity of all persons acting under the	endent of the commend of the commend of the conditions on my beh in independent actions beholdes and in expenditures, disher authority or on beholder and in expenditures, disher authority or on beholder and in expenditures.	nittee t is, to the best of my is committee in acco alf during this report wity filling separate t is, to the best of my ursements, in-kind o salf of this committee	r knowledge and bridge and bring period. report r knowledge and borgributions and b	elief, a true puirements o elief, a true abilities for	and complete st f M.G.L. c. 55. and complete st this reporting p	I have not received any atement of all campaign eriod and represents the

SCHEDULE A: RECEIPTS

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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)		unt	Occupation & Employer (for contributions of \$200 or more)
	,			
•				
		•		
	6			
Line 9: Total	al receipts in excess of \$50 (or listed above)	0		
Line 10: Tota	al receipts \$50 and under* (not listed above)	0		
	TAL RECEIPTS IN THE PERIOD	0		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

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
1				
	n .			
			•	
	e .			
		Line	12: Expenditures over \$50	
			13: Expenditures \$50 and under*	0
]	Enter on page 1, line 4		14:TOTAL EXPENDITURES	0

^{*}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 3

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
	,			
			6	
		:		
				·
		Line 15:	In-kind over \$50	6
		Line 16:	In-kind \$50 and under	0
	Enter on page 1, line 6	Line 17:	Total In-kind	0

^{*} 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
		•	
87 章			
	Enter on page 1, line 7	r on page 1, line 7 Line 18: OUTSTANDING LIABILITIES (ALL)	

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.

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