



# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

Received  
Worcester City Clerk  
2019 JAN 17 PM 1:34

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/18 Ending Date: 12/31/18

Type of Report: (Check one)

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

MOLLY D. MCCULLOUGH  
Candidate Full Name (if applicable)

WORCESTER SCHOOL COMMITTEE  
Office Sought and District

5 HOCKANUM WAY 01606  
Residential Address

E-mail: \_\_\_\_\_

Phone # (optional) \_\_\_\_\_

COMM. TO ELECT MOLLY MCCULLOUGH  
Committee Name

MARYLIZ O'BRIEN  
Name of Committee Treasurer

5 HOCKANUM WAY 01606  
Committee Mailing Address

E-mail: \_\_\_\_\_

Phone # (optional) \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

|  |                       |
|--|-----------------------|
| Line 1: Ending Balance from previous report              | <u>2491.86</u>        |
| Line 2: Total receipts this period (page 3, line 11)     | <u>0</u>              |
| Line 3: Subtotal (line 1 plus line 2)                    | <u>2491.86</u>        |
| Line 4: Total expenditures this period (page 5, line 14) | <u>1169.25</u>        |
| Line 5: Ending Balance (line 3 minus line 4)             | <u>1322.61</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>BERKSHIRE BANK</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: Maryliz O'Brien (Treasurer's signature) Date: 1/15/19

#### 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: Molly McCullough (Candidate's signature) Date: 1/15/19



## 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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<br>(alphabetical listing)    | Address                                   | Purpose of Expenditure | Amount  |
|--|---|---|------------------------|---------|
| 10/1/18  | COPS FOR KIDS WITH CANCER<br>CLINTON P.D. | 176 CHESTNUT ST<br>CLINTON MA 01510       | GOLF<br>& SPONSORSHIP  | 700.00  |
| 3/27/18  | FITCLUBS                                  | 16 CLARA ST<br>01606                      | SPONSORSHIP            | 170.00  |
| 4/16/18  | FLAGG ST PTG<br>C/O BETTY BLUTE           | 115 FLAGG ST<br>01602                     | 5 K<br>SPONSORSHIP     | 100.00  |
| 10/7/18  | JOE SANTA MARIA<br><del>POB</del>         | PO BOX 685<br>01543<br>RUTLAND MA         | HEADSHOTS              | 200.00  |
| 4/16/18  | TATNUCK SR<br>RUTLAND                     | C/O ERIC GOLDSTEIN<br>54 WHISPER DR 01604 | SPONSORSHIP            | 100.00  |
| 3/20/18  | WORC CNTY ST<br>PAT'S PARADISE            | PO BOX 20708<br>01602                     | MARCHING FEE           | 100.00  |
| 10/7/18  | WORC FIELD<br>HOCKEY                      | C/O JANE DOWD<br>12 DELLWOOD DR 01602     | SPONSORSHIP            | 100.00  |
| 10/25/18   | WORC PUBLIC<br>LIBRARY FOUNDATION         | 3 SALEM SQ<br>01608                       | DONATION               | 200.00  |
|  |   |   |                        |         |
|  |   |   |                        |         |
|  |   |   |                        |         |
|  |   |   |                        |         |
|  |   |   |                        |         |
| Line 12: Total Expenditures over \$50 (or listed above)        |   |   |                        | 1070.00 |
| Line 13: Total Expenditures \$50 and under* (not listed above) |   |   |                        | 99.25   |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD                      |   |   |                        | 1169.25 |

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.







# Form CPF M 102: Campaign Finance Report Municipal Form

received  
Worcester City Clerk

Office of Campaign and Political Finance

2018 JAN 18 AM 11:43

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/21/17 Ending Date: 12/31/17

Type of Report: (Check one)

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

MOLLY O. MCCULLOUGH  
Candidate Full Name (if applicable)

WORCESTER SCHOOL COMMITTEE  
Office Sought and District

5 HOCKANUM WAY WORCESTER 01606  
Residential Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

COMMITTEE TO ELECT MOLLY MCCULLOUGH  
Committee Name

MARYLIZ O'BRIEN  
Name of Committee Treasurer

5 HOCKANUM WAY WORCESTER 01606  
Committee Mailing Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

|  |                      |
|--|----------------------|
| Line 1: Ending Balance from previous report              | <u>4378.28</u>       |
| Line 2: Total receipts this period (page 3, line 11)     | <u>450.00</u>        |
| Line 3: Subtotal (line 1 plus line 2)                    | <u>4828.28</u>       |
| Line 4: Total expenditures this period (page 5, line 14) | <u>2336.42</u>       |
| Line 5: Ending Balance (line 3 minus line 4)             | <u>2491.86</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>COMMERCE BANK</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: Maryliz O'Brien (Treasurer's signature) Date: 1/15/18

#### 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: Maryliz O'Brien (Candidate's signature) Date: 1/15/18



## 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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<br>(alphabetical listing) | Address                               | Purpose of Expenditure     | Amount  |
|--|--|---------------------------------------|----------------------------|---------|
| 10/26/17   | CURTIS, PATTI                          | 24 MORRILL ST<br>HAMPTON NH 03842     | DATA ENTRY<br>& LABELS     | 75.00   |
| 10/26/17   | MCCULLOUGH, MAUREEN                    | 2 FRONTENAC RD<br>01602               | REIMBURSEMENT              | 130.64  |
| 11/2/17  | "                                      | "                                     | "                          | 81.94   |
| 11/18/17   | MCCULLOUGH, MOLLY                      | 5 HOCKANUY<br>WAY 01606               | "                          | 259.04  |
| 12/5/17  | "                                      | "                                     | "                          | 66.69   |
| 11/4/17  | MCCULLOUGH, TOM                        | 2 FRONTENAC RD<br>01602               | "                          | 112.20  |
| 11/6/17  | QUINNS IRISH PUB                       | 715 W BOYLSTON<br>ST 01606            | FOOD FOR<br>FUNDRAISER     | 400.00  |
| 10/27/17   | SARGENT MEDIA                          | 271 SHREWSBURY ST<br>01604            | ADVERTISING                | 100.00  |
| 11/18/17   | STEVE'S PIZZA                          | 341 W BOYLSTON ST<br>W BOYLSTON 01584 | FOOD FOR<br>ELECTION NIGHT | 200.00  |
| 12/29/17   | CITY OF<br>WORCESTER                   | CITY HALL<br>455 MAIN ST<br>01608     | INAUGURAL<br>DINNER        | 350.00  |
| 10/24/17   | WORCESTER<br>FIELD HOCKEY              | 12 DELLWOOD RD<br>01602               | SPONSORSHIP                | 100.00  |
| 10/30/17   | WORC. PUBLIC<br>LIBRARY FOUNDATION     | 3 SALEM SQ<br>01608                   | DONATION                   | 400.00  |
| Line 12: Total Expenditures over \$50 (or listed above)        |  |                                       |                            | 2275.51 |
| Line 13: Total Expenditures \$50 and under* (not listed above) |  |                                       |                            | 60.91   |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD                      |  |                                       |                            | 2336.42 |

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.



Commonwealth of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Received  
Boston City Clerk

2018 JAN 18 AM 11:43

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):  Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name     | Vendor Address            | Purpose of Expenditure | Amount |
|-----------|-----------------|---------------------------|------------------------|--------|
| 11/2/17   | U.S POST OFFICE | 25 W BOYLSTON ST<br>01606 | CAMPAIGN MAILING       | 81.94  |
|           |                 |                           |                        |        |
|           |                 |                           |                        |        |
|           |                 |                           |                        |        |
|           |                 |                           |                        |        |

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

Signature of Candidate/Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

# Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

RECEIVED  
City Clerk

2018 JAN 18 AM 11:43

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 10/26/17

Name of Individual Being Reimbursed: MAURGEN MCCULLOUGH

Committee Name: COMMITTEE TO ELECT MOLLY MCCULLOUGH

CPF ID Number (if applicable):  Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address   | Purpose of Expenditure    | Amount |
|-----------|-------------|------------------|---------------------------|--------|
| 10/25/17  | VISTA PRINT | ON LINE PURCHASE | MAILERS AND BUSINESSCARDS | 130.64 |
|           |             |                  |                           |        |
|           |             |                  |                           |        |
|           |             |                  |                           |        |
|           |             |                  |                           |        |

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 130.64

Line 2: Expenditures \$50 or under (not itemized): -

Line 3: TOTAL AMOUNT REIMBURSED: 130.64

Signed under the penalties of perjury:

Molly McCullough Marilyn Dier  
Signature of Candidate / Treasurer

Date: 1/15/18

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Received  
Worcester City Clerk

2018 JAN 18 AM 11:43

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 11/18/17

Name of Individual Being Reimbursed: MOLLY MCCULLOUGH

Committee Name: COMMITTEE TO ELECT MOLLY MCCULLOUGH

CPF ID Number (if applicable):  Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name    | Vendor Address                 | Purpose of Expenditure | Amount |
|-----------|----------------|--------------------------------|------------------------|--------|
| 11/7/17   | HOME DEPOT     | 130 GOLD STAR BLVD 01606       | ELECTION DAY SUPPLIES  | 85.69  |
| 11/7/17   | DOLLAR GENERAL | 342 W. BOYLSTON ST W. BOYLSTON | " "                    | 82.15  |
|           |                |                                |                        |        |
|           |                |                                |                        |        |
|           |                |                                |                        |        |

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 167.84

Line 2: Expenditures \$50 or under (not itemized): 91.20

Line 3: TOTAL AMOUNT REIMBURSED: 259.04

Signed under the penalties of perjury:

Molly McCullough Mary Dill  
Signature of Candidate / Treasurer

Date: 1/15/18

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Worcester City Clerk

2018 JAN 18 AM 11:44

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 12/5/17

Name of Individual Being Reimbursed: MOLLY MCCULLOUGH

Committee Name: COMMITTEE TO ELECT MOLLY MCCULLOUGH

CPF ID Number (if applicable):  Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name    | Vendor Address                    | Purpose of Expenditure      | Amount |
|-----------|----------------|-----------------------------------|-----------------------------|--------|
| 12/2/17   | DOLLAR GENERAL | 342 W. BOYLSTON ST<br>W. BOYLSTON | CHRISTMAS PARTY<br>SUPPLIES | 66.69  |
|           |                |                                   |                             |        |
|           |                |                                   |                             |        |
|           |                |                                   |                             |        |
|           |                |                                   |                             |        |

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 66.69

Line 2: Expenditures \$50 or under (not itemized): -

Line 3: TOTAL AMOUNT REIMBURSED: 66.69

Signed under the penalties of perjury:

Marylou O'Rourke  
Signature of Candidate/Treasurer

Date: 1/15/18

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

# Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Received  
Worcester City Clerk

2018 JAN 18 AM 11:44

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):  Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|-----------|-------------|----------------|------------------------|--------|
|           |             |                |                        |        |
|           |             |                |                        |        |
|           |             |                |                        |        |
|           |             |                |                        |        |
|           |             |                |                        |        |

(Include items listed on Page 2) →

|  |       |
|--|-------|
| Line 1: Expenditures in excess of \$50 (itemized above): | -     |
| Line 2: Expenditures \$50 or under (not itemized):       | 26.96 |
| Line 3: TOTAL AMOUNT REIMBURSED:                         | 26.96 |

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Worcester City Clerk

2018 JAN 18 AM 11:44

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):

Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|-----------|-------------|----------------|------------------------|--------|
|           |             |                |                        |        |
|           |             |                |                        |        |
|           |             |                |                        |        |
|           |             |                |                        |        |
|           |             |                |                        |        |

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the 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 6 on page 1.

Received  
City Clerk

2016 JAN 18 AM 11:44

| Date Received   | From Whom Received* | Residential Address | Description of Contribution | Value |
|---|---------------------|---------------------|-----------------------------|-------|
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
|   |                     |                     |                             |       |
| <b>Line 15: In-Kind Contributions over \$50 (or listed above)</b>         |                     |                     |                             |       |
| <b>Line 16: In-Kind Contributions \$50 &amp; under (not listed above)</b> |                     |                     |                             |       |
| <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</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. Page 6





# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Received  
Worcester City Clerk

2017 OCT 25 AM 10: 29

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/17 Ending Date: 10/20/17

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

MOLLY D. MCCULLOUGH  
Candidate Full Name (if applicable)  
WORCESTER SCHOOL COMMITTEE  
Office Sought and District  
195 FAIRHAVEN RD WORCESTER 01606  
Residential Address  
Telephone Number (optional) \_\_\_\_\_

COMMITTEE TO ELECT MOLLY MCCULLOUGH  
Committee Name  
MARYLIZ O'BRIEN  
Name of Committee Treasurer  
195 FAIRHAVEN RD WORCESTER 01606  
Committee Mailing Address  
Telephone Number (optional) \_\_\_\_\_

| SUMMARY BALANCE INFORMATION:                             |                      |
|--|----------------------|
| Line 1: Ending Balance from previous report              | <u>2439.14</u>       |
| Line 2: Total receipts this period (page 3, line 11)     | <u>4641.98</u>       |
| Line 3: Subtotal (line 1 plus line 2)                    | <u>7081.12</u>       |
| Line 4: Total expenditures this period (page 5, line 14) | <u>2702.84</u>       |
| Line 5: Ending Balance (line 3 minus line 4)             | <u>4378.28</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>COMMERCE BANK</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: Maryliz O'Brien (Treasurer's signature) Date: 10/23/17

**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: [Signature] (Candidate's signature) Date: 10/23/17



Received  
Worcester City Clerk  
2017 OCT 25 AM 10:29

RECEIPTS OVER \$50

| DATE  | NAME                 | ADDRESS                           | AMOUNT |
|---|----------------------|-----------------------------------|--------|
| 4/12/17   | ANDERSON, MARY LOU   | 17 BANCROFT TOWER RD 01609        | \$ 100 |
| 9/27/17   | ANDERSON, MARY LOU   | 17 BANCROFT TOWER RD 01609        | 50     |
| 4/12/17   | BELSITO, PAUL        | 11 KENILWORTH RD SHREWSBURY 01545 | 100    |
| 5/29/17   | BERGMAN, MORRIS      | 11 KENSINGTON HGTS 01602          | 75     |
| 5/29/17   | BERGMAN, WENDY       | 11 KENSINGTON HGTS 01602          | 75     |
| 10/17/17  | DONOGHUE, THOMAS     | 10 CALUMET AVE                    | 100    |
| 4/12/17   | GREENMAN, ALLEN      | 2 RICHARDSON TER 01602            | 100    |
| 4/12/17   | LANAVA, MICHAEL      | 877 GROVE ST TER 01605            | 100    |
| 4/12/17   | MAHAN JR, RICHARD    | 7 HANCOCK HILL DR 01609           | 75     |
| 10/7/17   | MAILMAN, SUSAN       | 24 HOLDEN ST 01605                | 100 AB |
| 9/27/17   | MCSHEA, BRIAN        | 51 FOREST ST 01609                | 75     |
| 4/12/17   | MESSER, MARIANNE J   | 23 EDGEWOOD DR HOLDEN 01520       | 100    |
| 4/12/17   | O'BRIEN SR, BRIAN A  | 162 FIRESIDE LN #66 HOLDEN 01520  | 100    |
| 4/12/17   | O'BRIEN JR, JAMES D  | 370 MAIN ST STE 800 01608         | 200    |
| ATTORNEY, MOUNTAIN DEARBORN AND WHITING   |                      |                                   |        |
| 4/12/17   | OLNEY, KATHERINE     | 32 FRANCONIA ST 01602             | 50     |
| 9/27/17   | OLNEY, KATHERINE     | 32 FRANCONIA ST 01602             | 50     |
| 9/27/17   | PHILBIN, CHRISTOPHER | 706 LITTLE ST ALEXANDRIA VA 22301 | 200    |
| VICE PRESIDENT FOR GOVERNMENT AND COMMUNITY AFFAIRS, UMASS MEMORIAL, 365<br>PLANTATION ST SUITE 300 WORCESTER 01606 |                      |                                   |        |
| 4/12/17   | QUINN, ANNE M        | 4 THORA LN SOUTH YARMOUTH 02664   | 250    |
| RETIRED   |                      |                                   |        |
| 4/12/17   | QUINN, TIMOTHY D     | 8 COBBLESTONE LN 01606            | 500    |
| OWNER, QUINNS IRISH PUB 711 WEST BOYLSTON ST 01606  |                      |                                   |        |
| 4/18/17   | ROSE, SEAN           | 14 DUBIEL DR 01609                | 100 AB |



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|          |                                     |                       |          |
|----------|-------------------------------------|-----------------------|----------|
| 4/12/17  | SULLIVAN, MARY A                    | 5 STAMFORD LN 01609   | 50       |
| 9/27/17  | SULLIVAN, MARY A                    | 5 STAMFORD LN 01609   | 50       |
| 10/17/17 | WHEELOCK, ANDREW                    | 268 BURNCOAT ST 01606 | 200      |
|          | CHIROPRACTOR, 268 BURNCOAT ST 01606 |                       |          |
| 9/12/17  | ZAHARIADIS, ELISABETH               | 20 TAHANTO RD 01602   | 51.98 AB |

TOTAL RECEIPTS OVER \$50 \$ 2851.98

TOTAL RECEIPTS \$50 AND UNDER 1790.00

TOTAL RECEIPTS THIS PERIOD \$ 4641.98

10/20/17 COMMITTEE TO ELECT MOLLY MCCULLOUGH



## 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

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| Date Paid   | To Whom Paid<br>(alphabetical listing)                                 | Address  | Purpose of Expenditure | Amount  |
|---|--|--|------------------------|---------|
| 8/21/17   | CAMPAIGNS<br>THAT WIN  | 210 PARK AVE<br>#210<br>WORCESTER 01609                | LARGE SIGNS            | 371.88  |
| 9/16/17   | " "  | " "  | " "                    | 371.88  |
| 10/20/17  | COMM. TO ELECT<br>SEAN ROSE  | 14 DUBIEL DR<br>WORCESTER 01609                        | CONTRIBUTION           | 100.00  |
| 4/12/17   | EVENTS<br>CENTRAL  | 83 DARNELL RD<br>WORCESTER 01606                       | FOOD                   | 186.67  |
| 10/19/17  | MA AUDUBON<br>LOUGHLIN FUND  | 414 MASSASOIT RD<br>WORCESTER 01604                    | SPONSORSHIP            | 100.00  |
| 5/2/17  | TATNUCK<br>SENIOR RUTH   | C/O ERIC GOLDSTEIN<br>54 WHISPER DR<br>WORCESTER 01609 | SPONSORSHIP            | 100.00  |
| 5/5/17  | WEDF   | 210 PARK AVE<br>WORCESTER 01609                        | HALL OF FAME<br>DINNER | 100.00  |
| 10/17/17  | WTAG   | 96 STERED LN<br>DAYTON 01612                           | RADIO AD               | 555.00  |
| 5/30/17   | ST PATRICKS DAY<br>PARADE COMM   | PO BOX 20708<br>WORCESTER 01602                        | AD                     | 250.00  |
| 6/3/17  | WDCC   | 42 BENEDETTI RD<br>WORCESTER 01604                     | AD AND<br>DINNER       | 200.00  |
| 9/14/17   | QCC - ATTN MATTHEW<br>SULLIVAN<br>128 PROVIDENCE ST<br>WORCESTER 01604 | <del>THE</del>   | ICE CREAM<br>SOCIAL    | 262.50  |
|   |  |  |                        |         |
| Line 12: Total Expenditures over \$50 (or listed above)             |  |  |                        | 2597.93 |
| Line 13: Total Expenditures \$50 and under* (not listed above)      |  |  |                        | 104.91  |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD |  |  |                        | 2702.84 |

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.









