



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

Received
Worcester City Clerk

2020 JAN 21 AM 9:19

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10-28-2019 Ending Date: 12-31-19

Type of Report: (Check one)

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

Laura Clancey
Candidate Full Name (if applicable)

Worcester School Committee
Office Sought and District

2 Westport Circle Worc. MA 01605
Residential Address

E-mail: Clanceyferwps@gmail.com

Phone # (optional): _____

Committee Name

Jerilyn Labouef
Name of Committee Treasurer

2 Westport Circle Worcester MA 01605
Committee Mailing Address

E-mail Clanceyferwps@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2,705.37</u>
Line 2: Total receipts this period (page 3, line 11)	<u>4,250-</u>
Line 3: Subtotal (line 1 plus line 2)	<u>6,955.37</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>5,959.70</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 995.67</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\$ 300.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$ 4,000.00</u>
Line 8: Name of bank(s) used:	<u>United 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: Jerilyn Labouef (Treasurer's signature)

Date: 1.17.2020

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M G L c 55

Signed under the penalties of perjury: Laura Clancey (Candidate's signature)

Date: 1.16.2020

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 (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/29/2019	I Heart Radio WTAG	96 Stereo Lane Paxton MA 01412	Radio Ad.	\$612.00
11/ /2019	Worcester Union	PO Box 60355 Worc. MA 01606	Donation	\$150.00
11/ /2019	Campaigns that Win	210 Park Ave Worc. MA 01609	Mailers/Signs	\$3710.20
12/1/2019	Campaigns that Win	210 Park Ave Worc. MA 01609	Signs	\$1,487.50
Line 12: Total Expenditures over \$50 (or listed above)				\$5959.70
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$5959.57

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 M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Office of the City Clerk
City of Worcester

2019 OCT 28
File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8/24/2019 Ending Date: 10/28/2019

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

Laura Clancy
Candidate Full Name (if applicable)
School Committee
Office Sought and District
2 Westport Circle Worcester, MA 01605
Residential Address
E-mail clancyforwps@gmail.com
Phone # (optional): _____

Committee to Elect Laura Clancy
Committee Name
Jerilyn Labouef
Name of Committee Treasurer
2 Westport Circle Worcester MA 01605
Committee Mailing Address
E-mail clancyforwps@gmail.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>2,755.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2,850.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5,605.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2,899.63</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2,705.37</u>
Line 6: Total in-kind contributions this period (page 6)	<u>200.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	_____
Line 8: Name of bank(s) used:	<u>United 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: Jerilyn Labouef (Treasurer's signature) Date: 10/27/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Candidate with 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 that are not otherwise disclosed in this report.
Candidate without 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, 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 candidate in accordance with the requirements of M G L c 55
Signed under the penalties of perjury: Laura Clancy (Candidate's signature) Date: 10/27/2019

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
9/30	Wendy Bergman, MD 11 Kensington Hgts. Worcester MA	\$100.00	
9/30	Robin Breeds 13 Jepson Ave Worcester MA 01606	\$75.00	
9/30	Erin Burns 400 Central Park. Apt. 432 Holden, MA 01520	\$50.00	
9/30	CTE Candy Mero-Carlson 42 Benedict Rd. Worcester MA 01604	\$100.00	
9/30	Robert Byniski 26 Willard Ave Worcester, MA 01602	\$50.00	
9/30	John Clancey 29 Thorndyke Rd. Worcester, MA 01606	\$200.00	Retired
9/30	Charlie Clancey	\$200.00 Act Blue	Technician Verizon
9/30	Ann-Marie Coleman 3 Moody St. Worc. MA 01606	\$100.00	
9/30	Kristene Couture 107 Brattle St. Worc. MA 01606	\$50.00	
9/30/19	Christopher Donovan 2 Westport Circle Worcester MA 01605	\$50.00	
10/24/19	Fran Ford	\$50.00	
9/30/19	Michael Lyons 7 Hobson Ave Boylston, MA 01505	\$25.00	
Line 9: Total Receipts over \$50 (or listed above)		775.00	
Line 10: Total Receipts \$50 and under* (not listed above)		275.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1050.00	← 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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-3-19	Angela Moore 158 King Philip Rd. Worcester, MA 01606	\$50.00	
10/1/19	Joseph O'Brien 17 Orchard Place Worcester, MA 01610	\$25.00	
9/30/19	CTE Kate Toomey 50 Ideal Rd. Worcester, MA 01601	\$50.00	
9/30/19	Christian Weber 21 Kenilworth Rd. Worcester, MA 01602	\$50.00	
9/30/19	Eileen Wood 145 Harrington St. E. Brookfield MA 01515	\$25.00	
9/10/19	New England Regional Council of Carpenters 750 Dorchester Ave Boston, MA	\$250.00	Endorsement
9/10/19	SEIU COPE 293 Boston Post Rd Marlboro MA 01752	\$500.00	Endorsement
10/9/19	SEIU Local 509 293 Boston Post Rd. Marlboro MA 01752	\$500.00	Endorsement
	Teamsters	\$100.00	Endorsement
	NERCC 750 Dorchester Ave Boston MA	\$250.00	Endorsement
Line 9: Total Receipts over \$50 (or listed above)		1,600.00	
Line 10: Total Receipts \$50 and under* (not listed above)		200.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,800.00	← 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.

(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 (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/14/19	Joe Schwartz Little League	45 Brooks St. Worcester MA 01608	Food for Pride Night	\$215.00
10/18/19	Campaigns that Win	-	Signs-doorhangers	1,574.63
10/8/19	Radio Worcester	31 Waldo Street Worcester MA	Radio ad	600-
10/10/19	Telegram & Gazette	100 Front St. Worcester, MA 01608	Insert for Newspaper	500-
Line 12: Total Expenditures over \$50 (or listed above)				2,899.63
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,899.63

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 M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

Received
Worcester City Clerk

2019 AUG 30 AM 11:35

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: February 25, 2019 Ending Date: August 30, 2019

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

Laura Clancey
Candidate Full Name (if applicable)
School Committee Worcester
Office Sought and District
2 Westport Circle Worcester
Residential Address MA 01605
E-mail: clanceyferwps@gmail.com
Phone # (optional): _____

Committee to Elect Laura Clancey
Committee Name
Elizabeth McGinn
Name of Committee Treasurer
2 Westport Circle Worc.
Committee Mailing Address 01605-
E-mail: clanceyferwps@gmail.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>6,075.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>6,075.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3,520.19</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2,755.00</u>
Line 6: Total in-kind contributions this period (page 6)	<u>267.86</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>United 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: Elizabeth McGinn (Treasurer's signature) Date: 8/29/19

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: Laura Clancey (Candidate's signature) Date: 8/29/19

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
2-25-19	Laurie Cammuso Jeff Cammuso 83 Darnell Rd. WORC-MA 01604	\$100.00	
3-13-19	James Ahern 205 East 99th St Apt 35C New York, New York 10022	\$250.00	
3-13-19	Meg Garusso 69 Nelson Place Worcester, MA 01605	\$50.00	
3-13-19	Dave Guist 34 Lancelot Dr. Paxton, MA 01612	\$100.00	
3-21-19	Abbie McLaughlin 602D Ridge Field Cir Chatham, MA 01510	\$250.00	
3-21-19	Lisa Pace-Scavone 37 Hastings Ave Worcester 01604	\$100.00	
3-21-19	Robin Breeds 13 Teppan Ave Worcester 01606	\$100.00	
3-21-19	James Glasberg 1 Thorton Rd Worcester 01604	\$100.00	
3-21-19	Margaret Twomey James Twomey 4 Westport Circle, Worec 01606	\$100.00	
3-21-19	Jennifer Roche Adam Roche 207 Asmik Dr. Worec 01605	\$100.00	
3-21-19	Michael Papagni Melissa Papagni 28 Chetyenne Rd Worec, 01604	\$100.00	
3-21-19	Ashly Nichole Smart Robert Smart 41 Sears Island Dr Worec 01604	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		1400 ⁰⁰	
Line 10: Total Receipts \$50 and under* (not listed above)		50.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1450⁰⁰	← 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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3-21-19	Ronald Picard 33 Sun Rise Ave Worce 01606	\$100.00	
3-21-19	Anthony Economou 69 Darnell Rd Worcester 01606	\$100.00	
3-21-19	Helen Grenache Rudolf Grenache 26 Prudential Rd Worcester 01606	\$100.00	
3-21-19	Michael Astorino Lisa Astorino 43 Bernard Rd Worcester 01606	\$100.00	
3-31-19	Margaret Mulhern Mark Mulhern 7 Mercury Dr Worcester 01605	\$100.00	
3-21-19	Cheryl D'Ambra Joseph D'Ambra 82 Greenfarm Rd Worcester 01605	\$100.00	
3-21-19	Leonard Croteau Tina Croteau 55 Pilsbury Springs Rd Worcester 01607	\$100.00	
3-21-19	Peter Kelly 2 Benic Dr Worce 01602	\$75.00	
3-21-19	Lori Paciello 36 Winthrop Ln Helder 01520	\$50.00	
3-21-19	R N Smith 25 Saratoga Dr. Worce 01606	\$50.00	
3-21-19	Tanell Cammuso 83 Darnell Rd Worce 01606	\$50.00	
3-21-19	William Dowd Tina Dowd 12 Dellwood Rd Worcester 01602	\$50.00	
3-21-19	MARILYN Sarli Joseph Sarli 53 Darnell Rd Worcester 01606	\$50.00	
Line 9: Total Receipts over \$50 (or listed above)		775.00	
Line 10: Total Receipts \$50 and under* (not listed above)		250.-	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1025.-	← 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, CPF ID# 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)
2/21/19	Meagan Donohoe Thomas Donohoe 143 Holden St, Worc 01404	\$50	-	
3/21/19	Russell Lamacchia Michelle Lamacchia 31 Granville Ave, Worc 01606	\$50		
3/21/19	Terry + Heather Storme 4 Snowy Owl Ln, Worc 01605	\$50		
3/21/19	John Kelly Constance Kelly 34 Leslie Rd, Worc 01605	\$50		
3/21/19	Scott Harrison Andrea Duffy 27 Sacher Ave, Worc 01606	\$50		
3/21/19	Sheila Cassiano 17 Ball St Worc 01403	\$25		
3/21/19	Kristen + Patrick Brothers 124 Holden St Worce, 01606	\$25		
3/21/19	Donna Quitadamo 33 Fales St Worc 01606	\$25		
3/21/19	Eileen Wood East Brookfield 148 B North St 01515	\$25		
3/21/19	Serenity + Vincent Sullivan - Tiques 8 Lansing Ave Worc 01605	\$25		
4/2/19	Tim + Timmy Murray 11 Kinnicut Rd Worcester 01602	\$100		
4/2/19	David Clancey 37 Trowbridge Circle Worc. 01603	\$100		
4/2/19	Mark + Andrea Bernier 3 Grove Heights Dr. Worcester MA 01605	\$25		
5/7/19	John Mahoney - CTE 136 Newton Ave, Worc. 01609	\$100		
5/7/19	Michael Patrick Lyons	\$25		
Line 9:	Total receipts in excess of \$50 (or listed above)	300	00	
Line 10:	Total receipts \$50 and under * (not listed above)	350	00	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	650	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, CPF ID# 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)
5/14	Gino Milincii 30 Michael Dr. Rutland, MA	\$50	
	CHRIS ULLA 30 Bonnybrook Rd. WORC. MA 01606	\$50	
	Kris Couture 107 Brattle St. WORC. MA	\$50	
	Liz Smith Samara 36 Nelson Place Worcester 01602	\$25	
6/25	Nicole Albion 12 FRANCIS ST Apt 12, WORC	\$25	
6/25	Eileen Benoit 63 Brookhaven Rd WORC 01606	\$100	
6/25	Patricia + Robert Buyniski 26 WILLARD AVE, WORC 01602	\$100	
6/20	Committee to Elect Kate Iomey Ideal Rd WORC 01604	\$50	
6/20	Carolita + John Bourke 6 AMARYLLIS Rd, Millbury 01507	\$100	
6/20	UBC + IFA Local 334 PAC 36992	\$250	endorsement
6/20	Caina Tangny 83 HARRINGTON Way, WORC 01604	\$50	
6/20	Jeffrey + Laurie Cammuso 83 Darnell Rd, WORC 01606	\$50	
6/20	Melanie Benoit 9 Mink Circle, WOR 01601	\$50	
6/20	Francis + Mary McKiernan 5 Ashburnham 01605	\$25	
7/15	Aaron Perna 40 Mann St WORC	\$50	
Line 9:	Total receipts in excess of \$50 (or listed above)	700	-
Line 10:	Total receipts \$50 and under * (not listed above)	425	-
Line 11:	TOTAL RECEIPTS IN THE PERIOD	1125	-

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, CPF ID# 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)
7/5	Michael O'Brien P.O. Box 82 Southborough	\$200		Executive Winn Co.
8/19	Jim Keirstan 92 Sears Island Drive WORC. 01006	\$100		
8/19	Firefighters Local 1009	\$500		Endorsement
8/24	Wayne Griffin 12 Chamberlain Pkwy WORC. MA 01002	\$50		
8/25	Beata O'Brien 7 Witherbee Lane Southboro MA	\$250	-	RN-UNUM
3/18	Erin Burns	\$125	-	
	Meg Brunelle 11 Pine Tree Drive WORC. 01009	\$50	-	
8/28/19	Jerilyn Labouef 125 Sears Island Dr. WORC. MA	\$500	-	Home maker
8/28/19	Beth Donovan 2 Westport Circle WORC. MA 01003	\$250	00	Counselor WPS
Line 9:	Total receipts in excess of \$50 (or listed above)	1975	00	
Line 10:	Total receipts \$50 and under * (not listed above)	50	00	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	2025	-	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 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
3/31/19 6/20/19	Jeff Cammuso	83 Darnell Rd. Worcester MA 01606	\$107.86 Food for Fund Raiser	\$107.86
6/20/19	Elizabeth Catherine Photography	3 Moody St. Worc. MA 01604	Headshots	\$100
6/26/19	Pepe's	274 Franklin St Worcester MA 01604	Food for Fund Raiser	\$60
Line 15: In-kind over \$50				\$267.86
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				\$267.86

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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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)	

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.



