



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

Committee to Elect Laura Clancy  
Committee Name  
Elizabeth McGinn  
Name of Committee Treasurer  
2 Westport Circle Worc.  
Committee Mailing Address 01605  
E-mail: clancyferwps@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 Clancy (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 Chilton, 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 Thornton Rd Worcester 01604	\$100.00	
3-21-19	Margaret Twomey James Twomey 4 Westport Circle, Worc 01606	\$100.00	
3-21-19	Jennifer Roche Adam Roche 207 Asmik Dr. WORC 01605	\$100.00	
3-21-19	Michael Papagni Melissa Papagni 28 Chetyenne Rd WORC 01604	\$100.00	
3-21-19	Ashly Nichole Smart Robert Smart 41 Sears Island Dr WORC 01604	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		1400 <sup>00</sup>	
Line 10: Total Receipts \$50 and under* (not listed above)		50.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1450 <sup>00</sup>	← 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 Worce 01606	\$100.00	
3-21-19	Michael Astorino Lisa Astorino 43 Bernard Rd Worce 01606	\$100.00	
3-31-19	Margaret Mulhern Mark Mulhern 7 Mercury Dr Worce 01605	\$100.00	
3-21-19	Cheryl D'Ambra Joseph D'Ambra 82 Greenfarm Rd Worce 01605	\$100.00	
3-21-19	Leonard Croteau Tina Croteau 55 Pilsbury Springs Rd Worce 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	K 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 Worce 01602	\$50.00	
3-21-19	MARILYN Sarli Joseph Sarli 53 Darnell Rd Worce 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:	<b>TOTAL RECEIPTS IN THE PERIOD</b>	<b>650</b>	<b>00</b>

Enter on page 1, line 2

246  
313

\* 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 <del>Smith</del> 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:	<b>TOTAL RECEIPTS IN THE PERIOD</b>	<b>1125</b>	-

Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.





**SCHEDULE 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 01002	\$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:	<b>TOTAL RECEIPTS IN THE PERIOD</b>	<b>2025</b>	-	Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.







## SCHEDULE 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			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	

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.





**Form CPF M101: STATEMENT OF ORGANIZATION  
CANDIDATE'S COMMITTEE  
MUNICIPAL FORM**

RECEIVED  
Worcester City Clerk  
2019 FEB 15 AM 9:41

**Office of Campaign and Political Finance**

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

<b>CANDIDATE:</b>	Full Name:	Laura Clancey		
	Residential Address:	2 Westport Circle		
	City / State / Zip:	Worcester	MA	01605
	E-Mail Address:	lauraclancey1978@gmail.com		Phone #: (508) 450-3033
	Party Affiliation:	Democrat (If applicable)		
<b>OFFICE SOUGHT/PURPOSE:</b>				
	Title:	School Committee		
	District:	Worcester		

<b>COMMITTEE:</b>	Name of Committee:	Committee to Elect Laura Clancey <small>(The name of the committee must include the candidate's last name)</small>		
	Committee Mailing Address:	2 Westport Circle		
	City / State / Zip:	Worcester	MA	01605
			Phone #:	(508) 450-3033

<b>OFFICERS:</b>				
<b>Chairman:</b>	<b>Treasurer*:</b> Elizabeth McGinn			
Residential Address:	Residential Address: 61 Bjorklund Ave			
City / State / Zip:	City / State / Zip: Worcester, MA 01605			
Phone #:	Phone #: 888-8831312 Email: pendar@chick.net			
<small>*A public employee may not serve as treasurer of any political committee (see reverse).</small>				
<b>Other Officer/Title:</b>	<b>Other Officer/Title:</b>			
Residential Address:	Residential Address:			
City / State / Zip:	City / State / Zip:			
Phone #:	Phone #:			

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

  
 Candidate's signature Date: 2/14/19

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

  
 Treasurer's signature Date: 2/14/19

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

\_\_\_\_\_  
 Chairman's signature Date: \_\_\_\_\_