



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 PM 11:19

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 7-9-19 Ending Date: 8-23-19

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

Hermorne Theresa McConner
Candidate Full Name (if applicable)
Worcester School Committee
Office Sought and District
17 Home St Apt #2
Residential Address
E-mail: Queen8053@msn.com
Phone # (optional): (508) 304-8900

Worcester School Committee
Committee Name
Sheila King Goodwin
Name of Committee Treasurer
17 Home St
Committee Mailing Address
E-mail: Queen8053@msn.com
Phone # (optional): (413) 265-8502

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>713.45</u>
Line 3: Subtotal (line 1 plus line 2)	<u>713.45</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>310.49</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>402.96</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>T D 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: Sheila King Goodwin (Treasurer's signature) Date: 8-29-19

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: Hermorne T. McConner (Candidate's signature) Date: 8-30-19

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)
7-14-19	Bake Sale	229.45	
7-9-19	Tea Rally	484.00	
Line 9: Total Receipts over \$50 (or listed above)		713.45	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		713.45	← 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
8-23-19	Vista Print	275 Wyman St Waltham MA 02451	Posters + Yard Sign	216.49
Line 12: Total Expenditures over \$50 (or listed above)				216.49
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				216.49

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

Office of Campaign and Political Finance

2019 JUL - 27 PM 1:01 Worcester City Clerk

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:

CANDIDATE: Full Name: Hermorne T McConner Residential Address: 17 Home St Apt 2 City / State / Zip: Worcester MA 01609 E-Mail Address: Queen8053@msn.com Phone #: 508-304-8900 Party Affiliation: (If applicable) OFFICE SOUGHT/PURPOSE: Title: School Committee District: Worcester

COMMITTEE: Name of Committee: Committee to Elect McConner for School Committee (The name of the committee must include the candidate's last name) Committee Mailing Address: 17 Home St Apt 2 City / State / Zip: Worcester MA 01609 Phone #: 508-304-8900

OFFICERS: Chairman: Hermorne T McConner Residential Address: 17 Home St Apt 2 City / State / Zip: Worcester MA 01609 Phone #: 508-304-8900 Treasurer*: Johnnie Young Residential Address: 7-E Goldthwaite Apt 4 City / State / Zip: Worcester MA 01605 Phone #: 508-755-3995 Email: *A public employee may not serve as treasurer of any political committee (see reverse) Other Officer/Title: Residential Address: City / State / Zip: 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:

[Signature of Hermorne T McConner] Date: 6-9-19 Candidate's signature

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:

[Signature of Johnnie Young] Date: 6-9-19 Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature of Hermorne T McConner] Date: 6-9-19 Chairman's signature