Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

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

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 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	3624.15
Line 2: Total receipts this period (page 3, line 11)	1225.00
Line 3: Subtotal (line 1 plus line 2)	4849.15
Line 4: Total expenditures this period (page 5, line 14)	1635.57
Line 5: Ending Balance (line 3 minus line 4)	3213.58
Line 6: Total in-kind contributions this period (page 6)	Ø
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used:	BERKSHIRE BANK

2020 JAN 21 PM 12:00
Received
Worcester City Clerk

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'B (Treasurer's signature) Date: 1/14/2020

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: Molly McC (Candidate's signature) Date: 1/14/2020

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)
11/1/19	MICHAEL ANGELINI 311 MAIN ST 01608	100	
11/4/19	ANTHONY ATHY 34 BERWICK ST 01602	100	
11/1/19	PAUL BOLTON 6 GTORY FORT LN 01602	100	
11/1/19	SARAH HEBERT 23 ELNORA DR 01606	100	
11/1/19	NANCY HOVHANESIAN 4 DENNIS DR 01606	200	RETIRED
11/1/19	LINCOLN MACDONALD 440 GROVE ST 01605	100	
11/1/19	SEVEN HILLS VENTURES INC 112 GREEN ST 01604	125	

Line 9: Total Receipts over $50 (or listed above)	825.00
Line 10: Total Receipts $50 and under* (not listed above)	400.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	1225.00 ← 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
11/26/19	BURNCOAT HIGH SCHOOL	179 BURNCOAT ST 01606	DANCE TEAM	100
12/27/19	CITY OF WORCESTER	455 MAIN ST ROOM 305 WORCESTER 01608	INAUGURAL	250
11/8/19	DONALD HUBAN	5 HOCKANUM WAY 01606	ELECTION DAY EXPENSES	330.12
10/24/19	FOREST GROVE FIELD HOCKEY	C/O JANE DOWD 12 DELLWOOD RD 01609	SPONSOR	100
11/4/19	GRAFTON ST SCHOOL PTG	311 GRAFTON ST 01604	SPONSOR	100
11/26/19	PIZZAWORKS	456 GROVE ST 01605	FOOD	300
10/20/19	WORCESTER SPORTS SCENE	11 MELVILLE ST 01605	CAMPAIGN AD	250
11/8/19	WORCESTER UNION	100 GROVE ST 01605	MEAT RAFFLE SPONSOR	125

Line 12: Total Expenditures over $50 (or listed above)	1555.12
Line 13: Total Expenditures $50 and under* (not listed above)	80.45
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	1635.57

* 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 R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth of Massachusetts

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: 11/8/19

Name of Individual Being Reimbursed: DONALD HURAN

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
11/6/19	WORCESTER FITNESS	440 GROVE ST 01605	BAR BILL AND GRATUITY	280

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	280
Line 2: Expenditures $50 or under (not itemized):	50.12
Line 3: TOTAL AMOUNT REIMBURSED:	330.12

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 1/14/2020

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

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

Commonwealth of Massachusetts

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: 11/14/19

Name of Individual Being Reimbursed: THOMAS 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

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	—
Line 2: Expenditures $50 or under (not itemized):	30.45
Line 3: TOTAL AMOUNT REIMBURSED:	30.45

Signed under the penalties of perjury:

x Molly McCullough
Signature of Candidate / Treasurer

Date: 1/14/2020

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 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions over $50 (or listed above)		
		Line 16: In-Kind Contributions $50 & under (not listed above)		
Enter on page 1, line 6 →		**Line 17: TOTAL IN-KIND CONTRIBUTIONS**		

* 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: TOTAL OUTSTANDING LIABILITIES (ALL)**

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8/24/19 Ending Date: 10/18/19

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 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	3437.34
Line 2: Total receipts this period (page 3, line 11)	1735.00
Line 3: Subtotal (line 1 plus line 2)	5172.34
Line 4: Total expenditures this period (page 5, line 14)	1548.19
Line 5: Ending Balance (line 3 minus line 4)	3624.15
Line 6: Total in-kind contributions this period (page 6)	ø
Line 7: Total (all) outstanding liabilities (page 7)	ø
Line 8: Name of bank(s) used:	BERKSHIRE BANK

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: Marylis O'Brien (Treasurer's signature) Date: 10/24/19

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: Molly O'Brien (Candidate's signature) Date: 10/24/19

SCHEDULE A: RECEIPTS ~~(continued)~~

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
10/2/19	MARY LOU ANDERSON 17 BANCROFT TOWER RD 01609	100	
10/2/19	GERALD CREAMER 18 JOB CUSHING RD SHREWSBURY 01545	100	
10/2/19	JO-ANNE CRONIN 181 OAK ST SHREWSBURY 01545	100	
10/2/19	SHEILA LEONARD 10 LENOX ST 01602	100	
10/2/19	BRIAN MCSHEA 51 FOREST ST 01609	100	
10/2/19	MARGARET MULHERN 7 MERCURY DR 01605	100	
10/2/19	TIMOTHY MURRAY 11 KINNICUTT RD 01602	200	PRESIDENT, WORC AREA CHAMBER OF COMMERCE
10/2/19	JOHN NAUGHTON 54 WILSON ST SPENCER 01562	100	
10/2/19	JAMES D. O'BRIEN JR 34 DRURY LN 01609	250	ATTORNEY, MOUNTAIN, DEARBORN & WHITING 370 MAIN ST 01608

Line 9: Total Receipts over $50 (or listed above)	1150
Line 10: Total Receipts $50 and under* (not listed above)	585
Line 11: TOTAL RECEIPTS IN THE PERIOD	1735 ← 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
9/5/19	CAMPAIGNS THAT WIN	210 PARK AVE 01609	SIGNS	827.81
10/6/19	THOMAS MCCULLOUGH	770 SALISBURY ST #212 01609	REIMBURSEMENT	120.24
9/16/19	PIZZA WORKS	456 GROVE ST 01606	FOOD	300.00
10/3/19	STEVE'S PIZZA	341 W. BOYLSTON ST W. BOYLSTON 01583	FOOD	300.14

Line 12: Total Expenditures over $50 (or listed above)	1548.19
Line 13: Total Expenditures $50 and under* (not listed above)	–
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	1548.19

* If you have itemized expenditures of $50 and under, include them in line 12. Line 13 should include only those expenditures 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over $50 (or listed above)	
Line 16: In-Kind Contributions $50 & under (not listed above)	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS	

* 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: TOTAL OUTSTANDING LIABILITIES (ALL)**

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

Commonwealth of Massachusetts

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: 10/16/19

Name of Individual Being Reimbursed: THOMAS MCCULLOUGH

Committee Name: COMM. 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

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	0
Line 2: Expenditures $50 or under (not itemized):	120.24
Line 3: TOTAL AMOUNT REIMBURSED:	120.24

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/24/19

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

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/19 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

MOLLY O. MCCULLOUGH Candidate Full Name (if applicable)	COMM. TO ELECT MOLLY MCCULLOUGH Committee Name
WORCESTER SCHOOL COMMITTEE Office Sought and District	MARYLIZ O'BRIEN Name of Committee Treasurer
5 HOCKANUM WAY 01606 Residential Address	5 HOCKANUM WAY 01606 Committee Mailing Address
E-mail	E-mail
Phone # (optional)	Phone # (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1322.61
Line 2: Total receipts this period (page 3, line 11)	3810.00
Line 3: Subtotal (line 1 plus line 2)	5132.61
Line 4: Total expenditures this period (page 5, line 14)	1695.27
Line 5: Ending Balance (line 3 minus line 4)	3437.34
Line 6: Total in-kind contributions this period (page 6)	Ø
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used:	BERKSHIRE BANK

Received Worcester City Clerk 2019 Sep 3 PM 10:25

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: Marylizz O'Brien (Treasurer's signature) Date: 9/1/19

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: X Molly O McCullough (Candidate's signature) Date: 9/1/19

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)
	See Attached		

Line 9: Total Receipts over $50 (or listed above)	2800
Line 10: Total Receipts $50 and under* (not listed above)	1010
Line 11: TOTAL RECEIPTS IN THE PERIOD	3810 ← 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.

2019 AMOUNTS RECEIVED OVER $50

DATE	NAME	ADDRESS	AMOUNT
3/27/19	MARY LOU ANDERSON	17 BANCROFT TOWER RD 01609	$ 250
3/27/19	MORRIS A BERGMAN	11 KENSINGTON HEIGHTS 01602	100
7/29/19	CALLAHAN FAY AND CASWELL FUNERAL HOME 61 MYRTLE ST 01608		100
3/27/19	KEVIN M DURKAN	3 LAURELWOOD DR 01605	150
7/29/19	PATRICIA JOHNSON	18 RAWSON HILL DR SHREWSBURY 01545	100 AB
3/27/19	JAIME KACH	7 VALENTE DR 01604	100 AB
3/27/19	RUSSELL LAMACCHIA	31 GRANVILLE AVE 01606	150 AB
3/27/19	MICHAEL S LANAVA	877 GROVE ST TER 01605	100
3/27/19	SUSAN M MAILMAN	24 HOLDEN ST 01605	100
3/29/19	CATHRYN MCEVOY	25 KENWOOD AVE 01606	100 AB
3/27/19	JAMES F MOORE	158 KING PHILIP RD 01606	100
3/27/19	BRIAN A O'BRIEN	162 FIRESIDE LN UNIT 66 HOLDEN MA 01520	100
3/27/19	JAMES D O'BRIEN JR	34 DRURY LN 01609	100
3/27/19	RUTH ANN OFTRING	31 CHADWICK ST 01605	100
3/27/19	KATHERINE OLNEY	32 FRANCONIA ST 01602	150
3/27/19	TIMOTHY D QUINN	8 COBBLESTONE LN 01606	500
3/27/19	PAUL SULLIVAN	17 GOLDTHWAITE RD 01605	100 AB
6/2/19	SETH WELCOM	712 SALISBURY ST HOLDEN MA 01520	100
3/27/19	ANDREW G WHEELOCK	268 BURNCOAT ST 01606	200
3/27/19	JUDY WHITTLE	60 PURCHASE ST 01606	100 CASH
			$ 2800

COMMITTEE TO ELECT MOLLY MCCULLOUGH 08/23/19

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 (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/3/19	JESSE BURKETT LITTLE LEAGUE	PO BOX 20790 01602 WESTSIDE STATION	SPONSOR	100
5/22/19	EMERALD CLUB	PO BOX 60129 01606 GREENDALE STATION	SPONSOR	200
3/31/19	FIT CLUB	C/O JOCELYN COUGHLIN 16 CLARA ST 01606	SPONSOR	175
4/29/19	MOLLY MCCULLOUGH	5 HOCKANUM WAY 01606	REIMBURSEMENT	111.20
8/12/19	PAGIO INC	88 WINTER ST 01604	AD FOR WORC PRIDE EVENT	300
2/10/19	PLANTING THE SEED	PO BOX 60212 01606	SPONSOR	200
4/3/19	TRIS SPEAKER LITTLE LEAGUE	C/O RUSSELL LAMACHIA 31 GRANVILLE AVE 01606	SPONSOR	350
7/2/19	TATNUCK SR RUTH C/O ERIC GOLDSTEIN	64 WHISPER DR 01609	SPONSOR	100
3/4/19	WORC COUNTY ST PAT'S PARADE COMM	PO BOX 20708 01602	SPONSOR	100

Line 12: Total Expenditures over $50 (or listed above)	1636.20
Line 13: Total Expenditures $50 and under* (not listed above)	59.07
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	1695.27

*** 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 R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 4/29/19

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

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	
Line 2: Expenditures $50 or under (not itemized):	111.20
Line 3: TOTAL AMOUNT REIMBURSED:	111.20

Signed under the penalties of perjury:

X

Signature of Candidate / Treasurer

Date: 9/1/19

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 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over $50 (or listed above)	
Line 16: In-Kind Contributions $50 & under (not listed above)	
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	

* 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: TOTAL OUTSTANDING LIABILITIES (ALL)**