



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)
WORCESTER SCHOOL COMMITTEE
Office Sought and District
5 HOCKANUM WAY 01606
Residential Address
E-mail: _____
Phone # (optional) _____

COM. 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>1322.61</u>
Line 2: Total receipts this period (page 3, line 11)	<u>3810.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5132.61</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1695.27</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3437.34</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>

Received
Worcester City Clerk
SEP 3 10:25 AM '19

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

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 WESTSIDE STATION 01602	SPONSOR	100
5/22/19	EMERALD CLUB	PO BOX 60129 GREENDALE STATION 01606	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	PAGID 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 LAMACI 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) 59.09

Enter on page 1, line 4 →

Line 14: **TOTAL EXPENDITURES IN THE PERIOD** 1695.29

* 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

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 Mary O'Keefe
Signature of Candidate / Treasurer

Date: 9/1/19

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

