Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

Fill in Reporting Period dates:  
Beginning Date: 1/1/18  
Ending Date: 12/31/18

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

MOLLY D. MCCULLOCH  
Candidate Full Name (if applicable)
WORCESTER SCHOOL COMMITTEE  
Office Sought and District
5 HACKANUM WAY 01606  
Residential Address

COMM TO ELECT MOLLY MCCULLOCH  
Committee Name
MARY LO DARIEN  
Name of Committee Treasurer
5 HACKANUM WAY 01606  
Committee Mailing Address

E-mail:  
Phone # (optional): 

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report  
2,491.86

Line 2: Total receipts this period (page 3, line 11)  

Line 3: Subtotal (line 1 plus line 2)  
2,491.86

Line 4: Total expenditures this period (page 5, line 14)  
1,164.25

Line 5: Ending Balance (line 3 minus line 4)  
1,322.61

Line 6: Total in-kind contributions this period (page 6)  

Line 7: Total (all) outstanding liabilities (page 7)  

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: Mary D. McCullough  
(Treasurer's signature)  
Date: 1/15/19

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 ☐  
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: Molly D. McCullough  
(Candidate's signature)  
Date: 1/15/19
**SCHEDULE A: RECEIPTS**

M.G.L. c 53 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.)

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Name and Residential Address (alphabetical listing required)</th>
<th>Amount</th>
<th>Occupation &amp; Employer (for contributions of $200 or more)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Line 9: Total Receipts over $50 (or listed above)

Line 10: Total Receipts $50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

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

Enter on page 1, line 2

Page 2
## 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.)

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>To Whom Paid (alphabetical listing)</th>
<th>Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/18</td>
<td>COPS FOR KIDS WITH CANCER, CLINTON, R.I</td>
<td>176 CHESTNUT ST, CLINTON, MA 01510</td>
<td>GOLF SPONSORSHIP</td>
<td>$400.00</td>
</tr>
<tr>
<td>3/27/18</td>
<td>FITCLUB</td>
<td>16 CLARA ST, 01606</td>
<td>SPONSORSHIP</td>
<td>$176.00</td>
</tr>
<tr>
<td>4/16/18</td>
<td>FLAGG ST PTG C/O BETTY BLOTE</td>
<td>115 FLAGG ST, 01602</td>
<td>SPONSORSHIP</td>
<td>$100.00</td>
</tr>
<tr>
<td>10/7/18</td>
<td>JOE SANTA MARIA</td>
<td>PO BOX 685, RUTLAND, MA</td>
<td>HEADSHOTS</td>
<td>$200.00</td>
</tr>
<tr>
<td>4/16/18</td>
<td>TATNUCK SR RUTH</td>
<td>C/O ERIC GOLSTEIN, 54 WHISPER DR, OSL</td>
<td>SPONSORSHIP</td>
<td>$100.00</td>
</tr>
<tr>
<td>3/20/18</td>
<td>WORCESTY ST PAT'S PARADE</td>
<td>PO BOX 20708, 01602</td>
<td>MARCHING FEE</td>
<td>$100.00</td>
</tr>
<tr>
<td>10/7/18</td>
<td>WORC FIELD HOCKEY</td>
<td>C/O JAME DOWD, 12 DELLWOOD RD, 01602</td>
<td>SPONSORSHIP</td>
<td>$100.00</td>
</tr>
<tr>
<td>10/25/18</td>
<td>WORC PUBLIC LIBRARY FOUNDATION</td>
<td>3 SALEM SQ, 01602</td>
<td>DONATION</td>
<td>$200.00</td>
</tr>
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</tr>
</tbody>
</table>

Line 12: Total Expenditures over $50 (or listed above)  

1070.00

Line 13: Total Expenditures $50 and under* (not listed above)  

99.25

Line 14: TOTAL EXPENDITURES IN THE PERIOD  

1169.25

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.
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 6 on page 1.

<table>
<thead>
<tr>
<th>Date Received</th>
<th>From Whom Received*</th>
<th>Residential Address</th>
<th>Description of Contribution</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Line 15: In-Kind Contributions over $50 (or listed above)

Line 16: In-Kind Contributions $50 & under (not listed above)

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.

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>To Whom Due</th>
<th>Address</th>
<th>Purpose</th>
<th>Amount</th>
</tr>
</thead>
</table>

Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)
Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 10/21/17 Ending Date: 12/31/17

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

MOLLY D. MCCAULEY
Candidate Full Name (if applicable)

WORCESTER SCHOOL COMMITTEE
Office Sought and District

5 HOCKANUM WAY WORCESTER CGL
Residential Address

E-mail: 
Phone #: (optional)

COMMITTEE TO ELECT MOLLY MCCAULEY
Committee Name

MARYLIZ O'BRIEN
Name of Committee Treasurer

5 HOCKANUM WAY WORCESTER CGL
Committee Mailing Address

E-mail: 
Phone #: (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report 4378.28
Line 2: Total receipts this period (page 3, line 11) 450.40
Line 3: Subtotal (line 1 plus line 2) 4828.28
Line 4: Total expenditures this period (page 5, line 14) 2336.42
Line 5: Ending Balance (line 3 minus line 4) 2491.86
Line 6: Total in-kind contributions this period (page 6) 0
Line 7: Total (all) outstanding liabilities (page 7) 0
Line 8: Name of bank(s) used: COMMERCE 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: [Signature] (Treasurer's signature) Date: 11/3/18

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

☑ Candidate with Committee and no activity independent of the committee
☐ 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: [Signature] (Candidate's signature) Date: 1/15/18
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.)

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Name and Residential Address (alphabetical listing required)</th>
<th>Amount</th>
<th>Occupation &amp; Employer (for contributions of $200 or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/3/17</td>
<td>34 BERWICK ST 01602 ATHY, ANTHONY</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>12/24/17</td>
<td>DUNN, TIMOTHY 137 BAYSTATE RD 01606</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>11/2/17</td>
<td>MURRAY, TAHNY 11 KINNICK RD 01602</td>
<td>100</td>
<td></td>
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<tr>
<td>11/2/17</td>
<td>MURRAY, TIMOTHY 11 KINNICK RD 01602</td>
<td>100</td>
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</table>

Line 9: Total Receipts over $50 (or listed above) 375

Line 10: Total Receipts $50 and under* (not listed above) 75

Line 11: TOTAL RECEIPTS IN THE PERIOD 450

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

← Enter on page 1, line 2
# 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.)

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>To Whom Paid (alphabetical listing)</th>
<th>Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/26/17</td>
<td>CURTIS, PATTI</td>
<td>24 MORRILL ST HAMPION NH 03892</td>
<td>DATA ENTRY &amp; LABELS</td>
<td>75.00</td>
</tr>
<tr>
<td>10/26/17</td>
<td>MCCULLOUGH, MAUREEN</td>
<td>2 FRONTENAC RD 01602</td>
<td>REIMBURSEMENT</td>
<td>130.64</td>
</tr>
<tr>
<td>11/2/17</td>
<td>&quot;</td>
<td>&quot;</td>
<td>&quot;</td>
<td>81.94</td>
</tr>
<tr>
<td>11/18/17</td>
<td>MCCULLOUGH, HOLLY</td>
<td>5 NOCK AWAY WAY 01606</td>
<td>&quot;</td>
<td>259.04</td>
</tr>
<tr>
<td>12/5/17</td>
<td>&quot;</td>
<td>&quot;</td>
<td>&quot;</td>
<td>66.69</td>
</tr>
<tr>
<td>11/9/17</td>
<td>MCCULLOUGH, TOY</td>
<td>2 FRONTENAC RD 01602</td>
<td>&quot;</td>
<td>112.20</td>
</tr>
<tr>
<td>11/4/17</td>
<td>QUINNS IRISH PUB</td>
<td>715 W BOYSTON ST 01606</td>
<td>FOOD FOR FUNDRAISER</td>
<td>400.00</td>
</tr>
<tr>
<td>10/27/17</td>
<td>SARGENT MEDIA</td>
<td>271 SHREWSBURG ST 01604</td>
<td>ADVERTISING</td>
<td>100.00</td>
</tr>
<tr>
<td>11/6/17</td>
<td>STEVE'S PIZZA</td>
<td>391 W BOYSTON ST BOYSTON 01584</td>
<td>FOOD FOR ELECTION NIGHT</td>
<td>200.00</td>
</tr>
<tr>
<td>12/29/17</td>
<td>CITY OF WORCESTER</td>
<td>CITY HALL 455 MAIN ST 01608</td>
<td>INAUGURAL DINNER</td>
<td>350.00</td>
</tr>
<tr>
<td>10/24/17</td>
<td>WORCESTER FIELD HOCKEY</td>
<td>12 DELLWOOD RD 01602</td>
<td>SPONSORSHIP</td>
<td>100.00</td>
</tr>
<tr>
<td>10/30/17</td>
<td>WORCS. PUBLIC LIBRARY FOUNDATION</td>
<td>3 SALSBY SQ 01608</td>
<td>DONATION</td>
<td>400.00</td>
</tr>
</tbody>
</table>

Line 12: Total Expenditures over $50 (or listed above)  
2275.61

Enter on page 1, line 4 ->

Line 13: Total Expenditures $50 and under* (not listed above)  
60.91

Line 14: TOTAL EXPENDITURES IN THE PERIOD  
2336.52

* 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: 12/27/17

Name of Individual Being Reimbursed: MAUREEN MCCULLOUGH
Committee Name: COMMITTEE TO ELECT MOLLY MCCULLOUGH
CPF ID Number (if applicable): Telephone Number (optional):

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/2/17</td>
<td>U.S POST OFFICE</td>
<td>25 W BOYLESTON ST</td>
<td>CAMPAIGN MAILING</td>
<td>81.94</td>
</tr>
</tbody>
</table>

(Line item listed on Page 2)  

Line 1: Expenditures in excess of $50 (itemized above): 81.94
Line 2: Expenditures $50 or under (not itemized):  
Line 3: TOTAL AMOUNT REIMBURSED: 81.94

Signed under the penalties of perjury:

[Signature]
Date: 1/5/18

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

<table>
<thead>
<tr>
<th>Date of Reimbursement:</th>
<th>10/26/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual Being Reimbursed:</td>
<td>MAUREEN MCCULLOUGH</td>
</tr>
<tr>
<td>Committee Name:</td>
<td>COMMITTEE TO ELECT HOLLY MCCULLOUGH</td>
</tr>
<tr>
<td>CPF ID Number (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Telephone Number (optional):</td>
<td></td>
</tr>
</tbody>
</table>

**ITEMIZE EXPENDITURES IN EXCESS OF $50**

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/25/17</td>
<td>Vista Print</td>
<td>On Line Purchase</td>
<td>MAILERS AND BUSINESSCARDS</td>
<td>130.64</td>
</tr>
</tbody>
</table>

(Include items listed on Page 2)

---

Line 1: Expenditures in excess of $50 (itemized above):
130.64

Line 2: Expenditures $50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:
130.64

Signed under the penalties of perjury:

[Signature]

Date: 11/15/18

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

<table>
<thead>
<tr>
<th>Date of Reimbursement:</th>
<th>11/18/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual Being Reimbursed:</td>
<td>MOLLY MCCULLOUGH</td>
</tr>
<tr>
<td>Committee Name:</td>
<td>COMMITTEE TO ELECT MOLLY MCCULLOUGH</td>
</tr>
<tr>
<td>CPF ID Number (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Telephone Number (optional):</td>
<td></td>
</tr>
</tbody>
</table>

### ITEMIZE EXPENDITURES IN EXCESS OF $50

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/7/17</td>
<td>HOME DEPOT</td>
<td>130 GOLD STAR BLVD 01606</td>
<td>ELECTION DAY SUPPLIES</td>
<td>85.69</td>
</tr>
<tr>
<td>11/7/17</td>
<td>DOLLAR GENERAL</td>
<td>342 W. BOYLSTON</td>
<td></td>
<td>82.15</td>
</tr>
</tbody>
</table>

(Include items listed on Page 2)

<table>
<thead>
<tr>
<th>Line 1: Expenditures in excess of $50 (itemized above):</th>
<th>167.84</th>
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</thead>
<tbody>
<tr>
<td>Line 2: Expenditures $50 or under (not itemized):</td>
<td>91.20</td>
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<tr>
<td>Line 3: TOTAL AMOUNT REIMBURSED:</td>
<td>259.04</td>
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</tbody>
</table>

Signed under the penalties of perjury:

Signature of Candidate/Treasurer: [Signature]

Date: 11/15/17

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

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: 12/5/17

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

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/1/17</td>
<td>DOLLAR GENERAL</td>
<td>342 W. Boylston St.</td>
<td>CHRISTMAS PARTY SUPPLIES</td>
<td>$66.69</td>
</tr>
</tbody>
</table>

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above): $66.69

Line 2: Expenditures $50 or under (not itemized): $

Line 3: TOTAL AMOUNT REIMBURSED: $66.69

Signed under the penalties of perjury:

[Signature and Date]

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

<table>
<thead>
<tr>
<th>Date of Reimbursement:</th>
<th>11/20/17</th>
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</thead>
<tbody>
<tr>
<td>Name of Individual Being Reimbursed:</td>
<td>MOLLY MCCULLOUGH</td>
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<tr>
<td>Committee Name:</td>
<td>COMMITTEE TO ELECT MOLLY MCCULLOUGH</td>
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<tr>
<td>CPF ID Number (if applicable):</td>
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<tr>
<td>Telephone Number (optional):</td>
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</table>

**ITEMIZE EXPENDITURES IN EXCESS OF $50**

<table>
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<tr>
<th>Date Paid</th>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Purpose of Expenditure</th>
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</table>

(Include items listed on Page 2) Line 1: Expenditures in excess of $50 (itemized above):  

Line 2: Expenditures $50 or under (not itemized): 26.96

Line 3: TOTAL AMOUNT REIMBURSED: 26.96

Signed under the penalties of perjury:

| Signature of Candidate/Treasurer | Date: | 11/15/18 |

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

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.

<table>
<thead>
<tr>
<th>Date of Reimbursement:</th>
<th>11/19/17</th>
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<tbody>
<tr>
<td>Name of Individual Being Reimbursed:</td>
<td>THOMAS MCCULLOUGH</td>
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<tr>
<td>Committee Name:</td>
<td>COMMITTEE TO ELECT HOLLY MCCULLOUGH</td>
</tr>
<tr>
<td>CPF ID Number (if applicable):</td>
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<tr>
<th>Date Paid</th>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Purpose of Expenditure</th>
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(Include items listed on Page 2) → Line 1: Expenditures in excess of $50 (itemized above):

Line 2: Expenditures $50 or under (not itemized): 112.20

Line 3: TOTAL AMOUNT REIMBURSED: 112.20

Signed under the penalties of perjury:

[Signature]

Date: 1/18/18

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 6 on page 1.

<table>
<thead>
<tr>
<th>Date Received</th>
<th>From Whom Received*</th>
<th>Residential Address</th>
<th>Description of Contribution</th>
<th>Value</th>
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</table>

Line 15: In-Kind Contributions over $50 (or listed above)  

Line 16: In-Kind Contributions $50 & under (not listed above)  

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.

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>To Whom Due</th>
<th>Address</th>
<th>2018 JAN 10 Purpose</th>
<th>Amount</th>
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</tbody>
</table>

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**
Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

Fill in Reporting Period dates:
Beginning Date: 1/1/17  Ending Date: 10/23/17

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

MOLLY O. MCULLOUGH
Candidate Full Name (if applicable)

WINCHESTER SCHOOL COMMITTEE
Office Sought and District

195 FAIRHAVEN RD WORCESTER 01606
Residential Address

Telephone Number (optional)

COMMITTEE TO ELECT MOLLY McULLOUGH
Committee Name

MARYLIZ BRIEN
Name of Committee Treasurer

195 FAIRHAVEN RD WORCESTER 01606
Committee Mailing Address

Telephone Number (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report  2,439.14
Line 2: Total receipts this period (page 3, line 11)  4,641.98
Line 3: Subtotal (line 1 plus line 2)  7,081.12
Line 4: Total expenditures this period (page 5, line 14)  2,702.84
Line 5: Ending Balance (line 3 minus line 4)  4,378.28
Line 6: Total in-kind contributions this period (page 6)  0
Line 7: Total (all) outstanding liabilities (page 7)  0
Line 8: Name of bank(s) used: COMMERCE 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 the committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:  [Signature]  Date: 10/23/17

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate; (check 1 box only)
☐ Candidate with Committee and no activity independent of the committee

☐ 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 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:  [Signature]  Date: 10/23/17
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.)

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Name and Residential Address (alphabetical listing required)</th>
<th>Amount</th>
<th>Occupation &amp; Employer (for contributions of $200 or more)</th>
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* If you have itemized receipts of $50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Line 9: Total Receipts over $50 (or listed above)  $2857.98
Line 10: Total Receipts $50 and under* (not listed above)  $1790.00
Line 11: TOTAL RECEIPTS IN THE PERIOD  $4641.98

← Enter on page 1, line 2
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**Total Receipts Over $50**: $2851.98
**Total Receipts $50 and Under**: $1790.00
**Total Receipts This Period**: $4641.98

10/20/17 COMMITTEE TO ELECT MOLLY MCCULLOUGH
# SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over $50 in a separate schedule. 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.)

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>To Whom Paid (alphabetical listing)</th>
<th>Address</th>
<th>Purpose of Expenditure</th>
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Line 12: Total Expenditures over $50 (or listed above) 2597.93

Line 13: Total Expenditures $50 and under* (not listed above) 104.91

Line 14: TOTAL EXPENDITURES IN THE PERIOD 2702.84

* 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 6 on page 1.

<table>
<thead>
<tr>
<th>Date Received</th>
<th>From Whom Received*</th>
<th>Residential Address</th>
<th>Description of Contribution</th>
<th>Value</th>
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Line 15: In-Kind Contributions over $50 (or listed above)

Line 16: In-Kind Contributions $50 & under (not listed above)

Line 17: TOTAL IN-KIND CONTRIBUTIONS

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 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.

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>To Whom Due</th>
<th>Address</th>
<th>Purposes</th>
<th>Amount</th>
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Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)