



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: 1/20/22 Ending Date: 1/19/23

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

MOLLY D. MCCULLOUGH  
Candidate Full Name (if applicable)  
WORCESTER SCHOOL COMMITTEE  
Office Sought and District  
5 HOCKANUM WAY 01606  
Residential Address  
E-mail: MOLLYOMB1@GMAIL.COM  
Phone # (optional): \_\_\_\_\_

CTE 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>3,072.97</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2,175.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5,247.97</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1,508.71</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3,739.26</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>

2023 JAN 19 PM 3:55  
I 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'Brien (Treasurer's signature) Date: 1/19/2023

**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 McCullough (Candidate's signature) Date: 1/19/23

## 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)
12/29/2022	ANDERSON, MARY LOU 17 BANCROFT TOWER RD 01609	100	
"	BARTLEY, SUSAN A 25 BENNETT AVE YARMOUTH MA 02673	100	
"	CARLSON, CTE CANY MERO 42 BENEDICT RD 01604	100	
"	LEONARD, SHEILA 10 LENDX ST 01602	100	
"	LAMACCHIA, RUSSELL 31 GRANVILLE AVE 01608	100	
"	LANAVA, MICHAEL 877 GROVE ST TER 01609	150	
"	LEE, JENNY 10 SANTUIT LN 01609	100	
"	MAHONEY, CTE JOAN 138 NEWTON AVENUE NORTH 01609	100	
"	MULHERN, MEG 25 BARROWS RD 01609	100	
"	O'BRIEN JR, JAMES D 807 KITTINGING WAY 01609	100	
"	WEBER, CHRISTIAN 25 BARROWS RD 01609	100	
12/30/22	DONOGHUE, THOMAS 143 HOLDEN ST 01606	250	CITY OF WORCESTER FIREFIGHTER
Line 9: Total Receipts over \$50 (or listed above)		1400	
Line 10: Total Receipts \$50 and under* (not listed above)		775	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2175	← 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
3/30/22	JESSE BURKETT LITTLE LEAGUE	PO BOX 20740 WESTSIDE STA. 01602	SPONSOR	\$ 200
7/25/22	JESSE BURKETT LL C/O KEVIN SMITH	KELLIE BECKER 127 FLAGG ST 01602	SPONSOR	100
12/24/22	DON HUBAN	5 HOCKANUM WAY 01606	PARTY FOOD	65.37
1/5/22	MAUREEN MCCULLOUGH	770 SALISBURY ST # 212 01609	INAUGURAL DINNER	181.88
2/18/22	NORTH HIGH FOOTBALL	C/O FRAN PISEGNA 5 AADWEN RD 01602	SPONSOR	100
11/14/22	ST BERNARDS YOUTH	228 LINCOLN ST 01605	SPONSOR	150
3/30/22	TATNUCK SR BABE RUTH	54 WHISPER DR 01609	SPONSOR	150
10/22/22	WEDF	210 PARK AVE #224 01609	DINNER	75
2/18/22	WORC. CNTY ST PATS PARADE	PO BOX 20708 01602	MARCHING FEE	100
3/8/22	" "	" "	BALANCE DUE	100
11/14/22	3652 FOUNDATION	902 PLEASANT ST 01602	SPONSOR	50
5/22/22	508 FOREVER YOUNG	104 CISCO ST 01530 SOUTHBRIDGE MA	SPONSOR	100
Line 12: Total Expenditures over \$50 (or listed above)				1372.25
Line 13: Total Expenditures \$50 and under* (not listed above)				136.46
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1508.71

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.







# 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: <span style="border: 1px solid black; padding: 2px;">12/29/2022</span>
Name of Individual Being Reimbursed:	<span style="border: 1px solid black; padding: 2px;">DON NUBAN</span>
Committee Name:	<span style="border: 1px solid black; padding: 2px;">CTE MOLLY MCCULLOUGH</span>
CPF ID Number (if applicable):	<span style="border: 1px solid black; padding: 2px;"></span> Telephone Number (optional): <span style="border: 1px solid black; padding: 2px;"></span>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
12/29/2022	BURNCOAT PIZZA	370 BURNCOAT ST WORC 01606	PARTY FOOD	65.37

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<span style="border: 1px solid black; padding: 2px;">65.37</span>
	Line 2: Expenditures \$50 or under (not itemized):	<span style="border: 1px solid black; padding: 2px;">50.01</span>
	<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<span style="border: 1px solid black; padding: 2px;">115.38</span>

Signed under the penalties of perjury: <div style="text-align: center; margin-top: 10px;"> </div>	Date: <span style="border: 1px solid black; padding: 2px;">1/19/2023</span>
Signature of Candidate/Treasurer	

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: <span style="border: 1px solid black; padding: 2px;">1/5/22</span>
Name of Individual Being Reimbursed:	<span style="border: 1px solid black; padding: 2px;">MAUREEN MCCULLOUGH</span>
Committee Name:	<span style="border: 1px solid black; padding: 2px;">CTE MOLLY MCCULLOUGH</span>
CPF ID Number (if applicable):	<span style="border: 1px solid black; padding: 2px;"> </span> Telephone Number (optional): <span style="border: 1px solid black; padding: 2px;"> </span>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
1/5/22	QUINNS IRISH PUB	715 WEST BOYLSTON ST 01686	INAUGURAL DINNER	181.88

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<span style="border: 1px solid black; padding: 2px;">181.88</span>
Line 2: Expenditures \$50 or under (not itemized):	<span style="border: 1px solid black; padding: 2px;">0</span>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<span style="border: 1px solid black; padding: 2px;">181.88</span>

Signed under the penalties of perjury:

\_\_\_\_\_  
Signature of Candidate / Treasurer

Date: 1/19/2023

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: 1/25/2022

Name of Individual Being Reimbursed: MOLLY MCCULLOUGH

Committee Name: CTE 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):	<u>0</u>
	Line 2: Expenditures \$50 or under (not itemized):	<u>44.35</u>
	<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<u>44.35</u>

Signed under the penalties of perjury:

\_\_\_\_\_  
Signature of Candidate / Treasurer

Date: 1/19/2023

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





# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Worcester City Clerk

Corrected

Fill in Reporting Period dates: Beginning Date: 11/1/2021 Ending Date: 10/15/2021  
File with: City or Town Clerk or Election Commission

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  
SHOCKANUM WAY 01606  
Residential Address  
E-mail: \_\_\_\_\_  
Phone # (optional): \_\_\_\_\_

COM TO ELECT MOLLY MCCULLOUGH  
Committee Name  
MARYLIZ O'BRIEN  
Name of Committee Treasurer  
SHOCKANUM WAY 01606  
Committee Mailing Address  
E-mail: \_\_\_\_\_  
Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1388.75</u>
Line 2: Total receipts this period (page 3, line 11)	<u>4005.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5393.75</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2884.66</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2509.09</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>

**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: 10/29/21

**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: [Signature] (Candidate's signature) Date: 10/29/21

## 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)
6/2/2021	MARY LOU ANDERSON 17 BANCROFT TOWER RD 01604	100	
10/14/21	" "	100	
6/2/21	MORRIS A BERGMAN 11 KENSINGTON HTS 01602	100	
6/2/21	MARGARET GAUCHER 156 FIRESIDE LN HOLDEN MA 01520	100	
6/3/21	ALISSA DURKAN 3 LAUREL WOOD DR 01605	100	
6/2/21	DENNIS FERRANTE 23 GRACE AVE SARENSBURG MA 01545	100	
5/30/21	KATIE FRIENDS 5 ST PAUL ST 01602	100	
6/2/21	NANCY HOVHANNESIAN 4 DENNIS DR 01606	150	
6/9/21	JAMIE KACH 7 VALENTE DR 01604	100	
10/14/21	MICHAEL LANAVA 877 GROVE ST TER 01606	125	
10/14/21	JENNY LEE 10 SANTUIT LN 01606	60	
6/2/21	ANGELA MOORE 01604 158 KING PHILIP RD	150	
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			← 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)
6/2/21	TIMOTHY P MURRAY 11 KINNICKUT RD 01602	100	
6/2/21	JAMES D O'BRIEN JR 807 KITTERING WAY 01609	250	ATTORNEY, MOUNTAIN DEARBORN & WHITING 370 MAIN ST
10/14/21	" "	250	WORCESTER 01608 " "
6/2/21	KATHERINE OLNEY 32 FRANCONIA ST 01602	100	
10/14/21	SHERRI PITCHER 42 FOREST ST 01609	75	
6/2/21	TIMOTHY QUINN 8 CABLESTONE LN 01606	250	OWNER, QUINN'S IRISH PUB 715 W. BOYLSTON ST 01606
6/2/21	THOMAS QUINN 01609 770 SALISBURY ST #420	75	
10/14/21	" "	100	

Line 9: Total Receipts over \$50 (or listed above)	2485
Line 10: Total Receipts \$50 and under* (not listed above)	1520
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	<b>4005</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 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
5/14/21	JESSE BURKETT LITTLE LEAGUE	PO Box 20790 WEST SIDE STA 01602	SPONSOR	250
6/9/21	J MICHAEL COTTER	160 HAMPTON ST AUBURN MA 01501	CATERING	250
9/24/21	EAST COAST PRINTING	2 KEITH WAY #5 HINGHAM MA 02043	SIGNS	759.64
3/8/21	DONALD HUBAN	5 HOCKANUM WAY 01606	REIMBURSEMENT	273.49
2/16/21	MOLLY MCCULLOUGH	5 HOCKANUM WAY 01606	REIMBURSEMENT	125
6/2/21	MOLLY MCCULLOUGH	" "	" "	318.95
9/14/21	MOLLY MCCULLOUGH	" "	" "	388.25
10/4/21	O'CONNORS RESTAURANT	1160 W BOYLSTON ST 01606	PARTY	333.70
8/6/21	WORCESTER DEM CITY COMMITTEE	40 OAKWOOD LN 01604	MEMBERSHIP DUES	150
Line 12: Total Expenditures over \$50 (or listed above)				2849.08
Line 13: Total Expenditures \$50 and under* (not listed above)				35.58
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2884.66

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.



# 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: <span style="border: 1px solid black; padding: 2px;">3/8/21</span>
Name of Individual Being Reimbursed: <span style="border: 1px solid black; padding: 2px;">DONALD HUBAN</span>	
Committee Name: <span style="border: 1px solid black; padding: 2px;">COMMITTEE TO ELECT MOLLY MCCULLOUGH</span>	
CPF ID Number (if applicable): <span style="border: 1px solid black; padding: 2px;"> </span>	Telephone Number (optional): <span style="border: 1px solid black; padding: 2px;"> </span>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/1/21	NATIONAL PEN	12121 SCRIPPS SUMMIT DR SAN DIEGO CA 92171	PENS	273.49

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	273.49
	Line 2: Expenditures \$50 or under (not itemized):	0
	<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b>273.49</b>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/29/21

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: 2/13/21, 6/2/21, 9/12/21

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
2/13/21	BURNCOAT HIGH SCHOOL	174 BURNCOAT ST 01606	YEARBOOK SPONSOR	125
6/2/21	USPS		STAMPS	110
"	BJ'S	NORTHBOROUGH MA	PARTY FOOD	142.10
"	STAPLES	WORCESTER MA	COPIES	55.16
9/12/21	WIX	500 TERRY A FRANCIS BLVD SAN FRANCISCO CA 94158		348.25

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	780.51
	Line 2: Expenditures \$50 or under (not itemized):	51.69
	<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b>832.20</b>

igned under the penalties of perjury:

\_\_\_\_\_  
Signature of Candidate/Treasurer

Date: 10/29/21

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

Received  
Worcester City Clerk

2021 007 05 11 10:15  
File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2021 Ending Date: 10/15/2021

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  
SHOCKANUM WAY 01606  
Residential Address  
E-mail: \_\_\_\_\_  
Phone # (optional): \_\_\_\_\_

COM TO ELECT MOLLY MCCULLOUGH  
Committee Name  
MARYLIZ O'BRIEN  
Name of Committee Treasurer  
SHOCKANUM WAY 01606  
Committee Mailing Address  
E-mail: \_\_\_\_\_  
Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1388.75</u>
Line 2: Total receipts this period (page 3, line 11)	<u>3969.42</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5358.17</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2849.08</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2509.09</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>

#### 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: 10/22/21

#### 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: [Signature] (Candidate's signature) Date: 10/22/21

## 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)
6/3/21	MARY LOU ANDERSON 17 BANCROFT TOWER RD 01604	100	
10/14/21	" " "	100	
6/3/21	MORRIS A BERGMAN 11 KENSINGTON HTS 01602	100	
6/3/21	MARGARET GAUCHER 156 FIRESIDE LN HOLDEN MA 01520	100	
6/3/21	ALISSA DURKAN 3 LAURELWOOD DR 01605	96.05	
6/2/21	DEWIS FERRANTE 23 GRACE AVE SARENSBURY MA 01545	96.05	
5/30/21	KATIE FRIEND 5 ST PAUL ST 01602	96.05	
6/2/21	ANACK HOVHANNESIAN 4 DENNIS DR 01606	144.07	
6/9/21	JAILIE KACH 7 VALENTE DR 01604	96.05	
10/14/21	MICHAEL LANAVA 877 GROVE ST TERR 01606	125	
10/14/21	JENNY LEE 10 SANTUIT LN 01606	60	
6/2/21	ANGELA MOORE 158 KING PHILIP AVE 01606	144.07	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</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 (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/3/21	TIMOTHY P. MURRAY 11 KINNICUT RD 01602	100	
6/3/21	JAMES D O'BRIEN JR 807 KITTERING WAY 01609	250	ATTORNEY, MOUNTAIN DEARborn & WHITING 370 MAIN ST 01008
10/14/21	" "	250	" "
6/3/21	KATHERINE OLNEY 32 FRANCONIA ST 01602	100	
10/14/21	SHERI PITCHER 42 FOREST ST 01609	75	
6/3/21	TIMOTHY QUINN 8 COBBLESTONE LN 01606	250	
6/3/21	THOMAS QUINN 770 SALISBURY ST #420 01609	75	
10/14/21	" "	100	

Line 9: Total Receipts over \$50 (or listed above)	2467.34	
Line 10: Total Receipts \$50 and under* (not listed above)	1512.08	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	<b>3969.42</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 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
5/14/21	JESSE BURKETT LITTLE LEAGUE	PO BOX 20790 WESTSIDE STATION 01602	SPONSOR	250
6/9/21	J. MICHAEL COTTER	160 HAMPTON ST AUBURN 01501	CATERING	250
9/24/21	EAST COAST PRINTING	2 KEITH WAY #5 HINGHAM MA 02043	SIGNS	759.69
3/8/21	DONALD HUBAN	5 HOCKANUM WAY 01606	REIMBURSEMENT	273.49
2/14/21	MOLLY MCCULLOUGH	5 HOCKANUM WAY 01606	REIMBURSEMENT	125
6/2/21	" "	" "	" "	38.95
9/14/21	" "	" "	" "	388.25
10/14/21	O'CONNORS RESTAURANT	1160 W BOYLSTON ST 01606	PARTY	333.70
8/6/21	WORCESTER DEM CITY COMMITTEE	40 OAKWOOD LN 01604	MEMBERSHIP	150
Line 12: Total Expenditures over \$50 (or listed above)				2849.08
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2849.08

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.



# 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: <span style="border: 1px solid black; padding: 2px;">3/8/21</span>
Name of Individual Being Reimbursed: <span style="border: 1px solid black; padding: 2px;">DONALD HUBAN</span>	
Committee Name: <span style="border: 1px solid black; padding: 2px;">COMMITTEE TO ELECT MOLLY McCULLOUGH</span>	
CPF ID Number (if applicable): <span style="border: 1px solid black; padding: 2px;"></span>	Telephone Number (optional): <span style="border: 1px solid black; padding: 2px;"></span>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
-	NATIONAL PEN	12121 SCRIPPS SUMMIT SAN DIEGO CA 92131	PENS	273.49

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<span style="border: 1px solid black; padding: 2px;">273.49</span>
	Line 2: Expenditures \$50 or under (not itemized):	<span style="border: 1px solid black; padding: 2px;">0</span>
	<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<span style="border: 1px solid black; padding: 2px;">273.49</span>

<b>Signed under the penalties of perjury:</b>	
<hr style="width: 80%; margin: 0 auto;"/> Signature of Candidate / Treasurer	Date: <span style="border: 1px solid black; padding: 2px;">10/22/21</span>

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: 2/13/21, 6/2/21

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
<u>2/13/21</u>	<u>BURNCOAT HIGH SCHOOL</u>	<u>174 BURNCOAT ST 01606</u>	<u>YEARBOOK SPONSOR</u>	<u>125</u>
<u>6/2/21</u>	<u>USPS</u>		<u>STAMPS</u>	<u>110</u>
<u>"</u>	<u>BJ'S</u>	<u>NORTHBOROUGH MA</u>	<u>PARTY FOOD</u>	<u>142.10</u>
<u>"</u>	<u>STAPLES</u>	<u>WORCESTER MA</u>	<u>COPIES</u>	<u>55.16</u>
<u>9/12/21</u>	<u>WIX</u>	<u>500 TERRY A FRANCIS BLVD SAN FRANCISCO CA 94158</u>		<u>348.25</u>

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<u>780.51</u>
Line 2: Expenditures \$50 or under (not itemized):	<u>51.69</u>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b><u>832.20</u></b>

Signed under the penalties of perjury:

  
\_\_\_\_\_  
Signature of Candidate/Treasurer

Date: 10/22/21

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



