



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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10/11/2024

2025 JAN 21 AM 11:11

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2024 Ending Date: 12/31/2024

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Noelia M. Chafoya
Candidate Full Name (if applicable)

Worcester MA, District E
Office Sought and District

17 Halmstad St. Worcester MA 01607
Residential Address

E-mail: Noeliamchafoya@gmail.com

Phone #: (508) 887-5980

Noelia M. Chafoya Committee
Committee Name

Maria S. Chafoya
Name of Committee Treasurer

28 Harold St. Worcester MA 01604
Committee Mailing Address

E-mail: Mariaschafoya@gmail.com

Phone #: (508) 340-9017

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 12)	<u>\$3,933.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$3,933.00</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>\$645.25</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$3,287.75</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0</u>
Line 9: Name of bank(s) used:	<u>Citizens 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: Maria S. Chafoya (Treasurer's signature) Date: 01/21/25

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: 1/21/2025

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/12/24	Aislinn Doyle 25 Franconia St Worcester, MA 01602	\$100	
12/14/24	Carol Seager 145 Front St Apt 1534 Worcester, MA 01608	\$100	
10/15/24	Catherine Group 134 Madison Avenue Quincy, MA 02169	\$100	
12/18/24	Catherine Ternes 28 Baltimore St #5 Lynn, MA 01902	\$200	Consultant-SEI
10/17/24	Courtney Pelley P.O. Box 176, 75 Lakeview Drive	\$100	
11/12/24	Danny Marquez 8 10th Street Apt 909 San Francisco, CA 94103	\$100	
10/31/24	Domenica Perrone 3 Bates Ave	\$75	
12/18/24	Elizabeth Lupafya 2 Mogren Dr, Millbury MA 01527	\$250	School Principal-North High School
12/18/24	Francis Anthes 9 Congress Street Worcester, MA 01609	\$75	
10/19/24	Jebby Matthews 1419 South Gaylord Street Denver, CO 80210	\$100	
12/18/24	Jenna Costin 8 Yankee Woods Drive North Reading, MA 01864	\$87	
11/20/24	Jorida Qirollari 13 Rawson Hill Drive Shrewsbury, MA 01545	\$100	
10/12/24	Jorina Sulce 664 Franklin St. Worcester MA 01604	\$300	Consultant-SEI

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
12/02/24	Joseph Ross 191 Washington Street Duxbury, MA 02332	\$100	
12/18/24	Kebiana Kaba 80 Salisbury st, #210 Worcester, MA 01609	\$100	
11/14/24	Leandra DEramo 2 Claire Ave Mansfield MA 02048	\$137	
12/18/24	Madelin Escobar 132 June St. Worcester MA 01602	\$220	Social Worker Supervisor-Worcester DCF Office
12/18/24	Melisa Burns 33 Bay Path Rd Charlton MA 01507	\$100	
10/13/24	Porntip I Twishime 2605 Marleigh Farm Road Northwest Kennesaw, GA 30152	\$100	
12/06/24	Thuy Hong 202 Cohasset St Worcester MA 01604	\$100	
Line 10: Total Receipts over \$50 (or listed above)	\$2,544	<p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p>	
Line 11: Total Receipts \$50 and under (not listed above).	\$1,389		
Line 12: TOTAL RECEIPTS IN THE PERIOD	\$3,933		

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
12/18/24	Courthouse Brewery	3 Brussels St Worcester MA 01610	Food for Campaign Kick-Off Event	\$286
11/25/24	Jaime Flores Photography	3 W. Lake St. Worcester, MA 01603	Photography and social media service for	\$350

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)	\$636
Line 14: Expenditures \$50 and under (not listed above)	\$9.25
Line 15: TOTAL EXPENDITURES IN THE PERIOD	\$645.25

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

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

** If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Line 16: In-Kind Contributions over \$50 (or listed above)	
Line 17: In-Kind Contributions \$50 and under (not listed above)	
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	0

Enter on page 1, line 6 →

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, 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 19: TOTAL OUTSTANDING LIABILITIES (ALL)	0

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<p><i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i></p> <p>← Enter on page 1, line 8</p>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		0	

*Schedule E is not for ballot question committee use



Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE OR CANDIDATE'S COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, organization of a candidate or candidate's committee as follows:

CANDIDATE: Full Name: Noelia M. Chafoya
 Residential Address: _____
 City / State / Zip: Worcester MA 01607
 E-Mail Address: noeliamchafoya@gmail.com Phone #: 508-709-5376
 Party Affiliation: Democratic Party (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: Worcester School Committee District: E
 Candidate without committee (check if applicable). If checked, do not complete committee or officer sections; sign as candidate, date and file with clerk or local election official.

COMMITTEE: Name of Committee: Noelia M. Chafoya Committee
 (The name of the committee must include the candidate's last name)
 Committee Mailing Address: _____
 City / State / Zip: Worcester MA 01607 Phone #: 508-709-5376

OFFICERS:

Chairperson: <u>Noelia M. Chafoya</u> Residential Address: _____ City / State / Zip: <u>Worcester</u> MA <u>01607</u> Phone #: <u>508-709-5376</u>	Treasurer*: <u>Maria Chafoya</u> Residential Address: _____ City / State / Zip: <u>Worcester</u> MA <u>01604</u> Phone #: _____ Email: _____
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*A public employee may not serve as treasurer of any political committee (see reverse)

Additional officers may be listed on page two.

Check applicable box before signing:

Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 4) may not serve as treasurer of a political committee organized on my behalf.

Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) am subject to certain duties and liabilities under M.G.L. c. 55 including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY: [Signature] Date: 10/23/2024
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY: [Signature] Date: 10/24/2024
Treasurer's signature

I hereby accept the office of Chairperson of the above-named committee.
SIGNED UNDER THE PENALTIES OF PERJURY: [Signature] Date: 10/24/2024
Chairperson's signature

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Worcester City Clerk's Office