



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2017 JAN 13 PM 12:00

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/16 Ending Date: 12/31/16

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

195 FAIRHAVEN RD WORCESTER MA 01606
Residential Address

E-mail: _____

Phone # (optional): _____

COMMITTEE TO ELECT MOLLY MCCULLOUGH
Committee Name

MARYLIZ O'BRIEN
Name of Committee Treasurer

195 FAIRHAVEN RD WORCESTER MA 01606
Committee Mailing Address

E-mail: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2,940.98</u>
Line 2: Total receipts this period (page 3, line 11)	<u>510.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3450.98</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1011.84</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2439.14</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>COMMERCE 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: 1/10/16

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 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: Molly O McCullough (Candidate's signature) Date: 1/10/16

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)
Line 9: Total Receipts over \$50 (or listed above)		0	
Line 10: Total Receipts \$50 and under* (not listed above)		510.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		510.00	← 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
11/15/16	CAMHUSO, JEFF	83 DARNELL RD WORC 01606	PARTY FOOD	181.84
6/16/16	CHSEC GOLF TOURNAMENT	11 MCKEON RD WORC 01610	ENTRY FEE/ DONATION	125.00
6/14/16	DEMOCRATIC CITY COMMITTEE	40 OAKWOOD LN WORC 01604	DINNER SPONSORSHIP	150.00
3/18/16	EMERALD CLUB	101304 60129 WORC 01606	DINNER SPONSORSHIP	100.00
11/15/16	MCCULLOUGH, MOLLY	195 FAIRHAVEN RD WORC 01606	REIMBURSEMENT	105.00
4/28/16	TATNOCK SENIOR RUTH LEAGUE	54 WHISPER DR WORC 01609	SPONSORSHIP	100.00
9/29/16	WORCESTER FIELD HOCKEY	11 PINE TREE DR WORC 01609	FOREST GROVE FIELD HOCKEY SPONSORSHIP	200.00
Line 12: Total Expenditures over \$50 (or listed above)				961.84
Line 13: Total Expenditures \$50 and under* (not listed above)				50.00
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1011.84

* 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 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)				
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 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: 11/15/16

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
3/4/16	IDENTD60	490 LINCOLN ST WORCESTER 01605	ELECTED OFFICIAL FINGERPRINTING	35.00
3/13/16	WORCESTER PARADE COMMITTEE	PO BOX 20708 WORCESTER 01602	ST PATRICKS PARADE ELECTED OFFICIAL MARCHING	70.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 105.00

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

Line 3: TOTAL AMOUNT REIMBURSED: 105.00

Signed under the penalties of perjury:

Molly McCullough Mary Elizabeth A.
Signature of Candidate / Treasurer

Date: 1/10/16

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: 10/17/15 Ending Date: 12/31/15

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

195 FAIRHAVEN RD WORCESTER 01606
Residential Address

Telephone Number (optional): _____

COMMITTEE TO ELECT MOLLY MCCULLOUGH
Committee Name

MARYLIZ O'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	<u>7691.40</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1835.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>9526.40</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>6585.42</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2940.98</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>COMMERCE 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: 1/18/16

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 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: 1/18/16

2016 JAN 9 AM 10:21
 Received
 Worcester City Hall

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

*Please
see
Attached*

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.

RECEIPTS OVER \$50

DATE	NAME	ADDRESS	AMOUNT
10/30/15	ATHY, ANTHONY	34 BERWICK ST 01602	\$ 100
10/18/15	ABDELLA, ANDREW J	48 TERRACE DR 01609	100
10/30/15	ERESSY, JUNE	86 MOORE AVE 01602	100
10/18/15	IANDOLI, PATRICIA	29 LACONIA RD 01609	100
10/30/15	LACAVA, JOAN	11 SPRING VALLEY RD 01609	100
11/10/15	MCEVOY, JOSEPH P	34 CHESTNUT ST APT 2 01609	100
11/07/15	MCGRATH, SHIRLENE R	PO BOX 873 EAST DENNIS MA 02641	100
10/18/15	PAPAGNI, JOANNE F	5 PURITAN AVE 01604	100
10/31/15	SULLIVAN, PAUL K	17 J GOLDTHWAITE RD #12 01605	100
10/30/15	TRAINOR, JAMES M	42 ASCADILLA RD 01606	100

RECEIPTS OVER \$50 **\$ 1000**

RECEIPTS \$50 AND UNDER **835**

TOTAL RECEIPTS THIS PERIOD **\$ 1835**

12/31/15 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 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
11/21/15	CHANDLER MAGNET PLAYGROUNDS FUND	CHANDLER ST WORC 01602	FUNDRAISER	150.00
11/21/15	CHANDLER MAGNET PLAYGROUND FUND	CHANDLER ST WORC 01602	BOOK AD	125.00
12/23/15	CITY OF WORCESTER	455 MAIN ST WORC 01608	INAUGURAL DINNER	900.00
10/24/15	MAUREEN MCCULLOUGH	2 FRONTENAC RD WORC 01602	REIMBURSEMENT	148.89
10/19/15	MOLLY MCCULLOUGH	195 FAIRHAVEN RD WORC 01606	REIMBURSEMENT	120.00
11/13/15	MOLLY MCCULLOUGH	195 FAIRHAVEN RD WORC 01606	REIMBURSEMENT	394.89
11/24/15	MOLLY MCCULLOUGH	195 FAIRHAVEN RD WORC 01606	REIMBURSEMENT	519.45
10/23/15	QUICK STOP PRINTING	240 SHREWSBURY ST WORC 01604	POSTCARDS	4027.19
11/10/15	WORCESTER PUBLIC LIBRARY FOUNDATION	SALEM ST WORC 01608	FUNDRAISER	200.00
Line 12: Total Expenditures over \$50 (or listed above)				6,585.42
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				6,585.42

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.



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: 10/24/15
Name of Individual Being Reimbursed:	MAUREEN 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
10/22/15	DUNKIN DONUTS	295 SHREWSBURY ST WORC 01604	FOOD FOR WORKERS	69.75
10/21/15	DUNKIN DONUTS	648 CHANDLER ST WORC 01602	FOOD FOR WORKERS	64.81

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	134.52
	Line 2: Expenditures \$50 or under (not itemized):	14.33
	Line 3: TOTAL AMOUNT REIMBURSED:	148.89

Signed under the penalties of perjury:

Mary Jo De...

Signature of Candidate / Treasurer

Date: 1/18/15



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: 10/19, 11/13, 11/24/15

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>10/18/15</u>	<u>GOLDEN PIZZA</u>	<u>453 LINCOLN ST WORC 01606</u>	<u>PIZZAS FOR PRESS BOX PARTY</u>	<u>120.00</u>
<u>11/13/15</u>	<u>USPS, STAPLES STEVE'S PIZZA</u>	<u>571 BOSTON TPKE SHREWSBURY 341 W BOYLSTON ST W. BOYLSTON MA</u>	<u>STAMPS, SUPPLIES FOOD (51945)</u>	<u>245.00 74.36 200.09</u>
<u>11/3/15 11/3/15</u>	<u>HOME DEPOT GREENDALE PIZZA</u>	<u>130 GOLD STAR BLVD W BOYLSTON ST 01606</u>	<u>SUPPLIES FOOD</u>	<u>124.51 39.48</u>
<u>11/3/15 11/3/15 10/30/15</u>	<u>DUNKIN DONUTS BUSHEN PECK NEWTON SQ PIZZA</u>	<u>465 W. BOYLSTON ST 01605 CHANDLER ST 01602 PLEASANT ST 01602</u>	<u>FOR WORKERS</u>	<u>49.46 45.26 9202</u>
<u>11/3/15 11/2/15</u>	<u>WESTERMAN'S STOP N SHOP</u>	<u>54 GREEN ST 01604 940 W BOYLSTON ST 01605</u>	<u>SUPPLIES FOOD (34489)</u>	<u>17.00 27.16</u>

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<u>1034.34</u>
Line 2: Expenditures \$50 or under (not itemized):	-
Line 3: TOTAL AMOUNT REIMBURSED:	<u>1034.34</u>

Signed under the penalties of perjury:

Molly McCullough

Signature of Candidate / Treasurer

Date: 1/18/15

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
Enter on page 1, line 6 →			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.

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: 11/6/13 Ending Date: 10/16/15

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

195 FAIRHAVEN RD WORCESTER 01606
Residential Address

Telephone Number (optional): _____

COMMITTEE TO ELECT MOLLY MCCULLOUGH
Committee Name

MARYLIZ O'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	<u>—</u>
Line 2: Total receipts this period (page 3, line 11)	<u>12,627.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>12,627.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>4,935.60</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>7,691.40</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>COMMERCE 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: 10/19/15

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 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: Molly McCullough (Candidate's signature) Date: 10/19/15



RECEIPTS OVER \$50

DATE	NAME	ADDRESS	AMOUNT
4/29/15	ANDERSON, MARY LOU	17 BANCROFT TOWER RD 01609	\$ 100
4/29/15	ANDREOLI, CHRISTINA	58 JANUARY LN HOLDEN MA 01520	75
4/29/15	ANONYMOUS		70
4/29/15	BELSITO, PAUL	11 KENILWORTH RD SHREWSBURY MA 01545	75
6/18/14	BRANSCOMBE, KARIN	595 SALISBURY ST 01609	125
4/29/15	BREWSTER, ANDREA	124 MONADNOCK RD 01609	50
6/18/15	BREWSTER, ANDREA	124 MONADNOCK RD 01609	50
8/12/15	BROWN, CAROL A	1 RICH ST 01602	100
10/13/15	CAHILL, LAURA A	9 HAVILAND ST 01602	100
4/29/15	CANTY, JOHN J	310 THOMPSON RD WEBSTER MA 01570	25
9/2/15	CANTY, JOHN J	310 THOMPSON RD WEBSTER MA 01570	50
6/18/15	CARROLL, FRANCIS R CHAIRMAN, SMALL BUSINESS SERVICE BUREAU WORCESTER MA 01608	11 HANCOCK HILL DR 01609	250
5/12/15	CARROLL, JILL C	2 JONATHAN CIR 01604	100
4/29/15	CREAMER, JULIANNE	18 JOB CUSHING RD SHREWSBURY MA 01545	100
4/29/15	DONOGHUE, THOMAS	10 CALUMET AVE 01606	100
4/29/15	DOWD, MARILYN P	183 CHESTER ST 01605	100
6/18/15	EPPINGER, PATRICIA Z (ret)	44 SOUTH ST GRAFTON MA 01519	250
4/29/15	FOLEY, REBECCA A	42 ROBERTSON DR SHREWSBURY MA 01545	100
5/12/15	FORD, MICHAEL	421 MAIN ST #1 CHARLESTOWN MA 02129	50
8/18/15	FORD, MICHAEL	421 MAIN ST #1 CHARLESTOWN MA 02129	20
6/15/15	GAUCHER, MARGARET	9 TORY DR SHREWSBURY MA 01545	100
4/29/15	GLASBERG, JAMES	1 THORNTON RD 01606	100
4/29/15	GREENMAN, LISA	2 RICHARDSON TER 01602	100



4/29/15	HANLON, PHILIP	286 BURNCOAT ST 01606	100
4/29/15	HARRISON, CATHY J FLINK	247 SUNDERLAND RD 01604	100
9/26/15	HENNIGAN, MARILYNN	1 CHESTERFIELD RD 01602	100
4/29/15	KENNEDY, ROBYN	184 ST NICHOLAS AVE 01606	100
6/18/15	LANAVA, MICHAEL S	877 GROVE ST TER 01605	75
6/18/15	LAVALLEY, ALBERT G	28 ADAMS ST UNIT 304 01604	125
4/29/15	LEONARD, AMANDA	12 BARR ST 01602	50
6/15/15	LEONARD, AMANDA	12 BARR ST 01602	75
4/29/15	LEONARD, BRENDAN	12 BARR ST 01602	50
6/15/15	LEONARD, BRENDAN	12 BARR ST 01602	75
4/29/15	LYONS, MICHAEL P	7 HOBSON AVE BOYLSTON MA 01505	100
4/29/15	MACDONALD, LINCOLN	74 PARKTON AVE 01605	100
9/26/15	MACDONALD, LINCOLN OWNER, WORCESTER FITNESS, WORCESTER MA	74 PARKTON AVE 01605	100
4/29/15	MACDONALD, TIM	187 MEADOW WOOD DR HOLDEN MA 01520	100
6/18/15	MACDONALD, TIM	187 MEADOW WOOD DR HOLDEN MA 01520	50
5/12/15	MAILMAN, SUSAN M	220 CHURCH ST NORTHBOROUGH MA 01532	100
6/18/15	MAILMAN, SUSAN M PRESIDENT, COGLIN ELECTRIC WORCESTER MA	220 CHURCH ST NORTHBOROUGH MA 01532	100
4/29/15	MARHEFKA, ELLEN T	6 ELNORA DR 01606	50
8/18/15	MARHEFKA, ELLEN T	6 ELNORA DR 01606	40
5/12/15	MCCANN, SARAH	87 HILLCROFT AVE 01606	100
4/29/15	MOORE, MICHAEL	158 KING PHILIP RD 01606	25
8/18/15	MOORE, MICHAEL	158 KING PHILIP RD 01606	50
8/18/15	MORIN, JUDITH M	2 BELLINGHAM RD 01606	100
7/20/15	MURRAY, CHRISTINE	40 METCALF ST 01609	100



6/18/15 MURRAY, TAMMY L	11 KINNICUTT RD 01602	100
4/29/15 MURRAY, TIMOTHY	11 KINNICUTT RD 01602	200
PRES/CEO WORCESTER CHAMBER OF COMMERCE WORCESTER MA 01608		
4/29/15 O'BRIEN, BRIAN SR	162 FIRESIDE LN #66 HOLDEN MA 01520	100
4/29/15 O'BRIEN JR, JAMES D	34 DRURY LN 01609	250
ATTORNEY, MOUNTAIN DEARBORN & WHITING WORCESTER MA 01608		
4/29/15 O'BRIEN, MARYLIZ	94 MONADNOCK RD 01609	60
6/18/15 O'BRIEN, MICHAEL V	6 FANEUIL HALL MARKETPLACE BOSTON MA 02109	200
EXEC VICE PRESIDENT, WINN COMPANIES BOSTON MA		
4/29/15 OLNEY, KATHERINE	32 FRANCONIA ST 01602	22
10/13/15 OLNEY, KATHERINE	32 FRANCONIA ST 01602	50
6/18/15 O'REILLY, SARA	15 STEELE ST APT 1 01607	100
6/18/15 PHILBIN, CHRISTOPHER	2402 PARKVIEW LN MARLBOROUGH MA 01752	100
8/21/15 QUINLAN, LIAM	81 FAIRHAVEN RD 01606	100
6/15/15 QUINN, PETER	4 THORA LN SOUTH YARMOUTH MA 02664	100
6/15/15 QUINN, ANNE	4 THORA LN SOUTH YARMOUTH MA 02664	100
6/15/15 QUINN, TERESA	15 JOPPA RD 01602	50
8/12/15 QUINN, TERESA	15 JOPPA RD 0162	50
5/12/15 ROCHE, MEGHAN	30 WARD ST 01610	100
4/29/15 ROSE, MAUREEN	14 DUBIEL DR 01609	100
6/18/15 ROSE, MAUREEN	14 DUBIEL DR 01609	25
6/18/15 SALVIDIO, MICHAEL A	15 W HILL TER 01609	100
6/18/15 SHEA, KARON	53 ELM ST APT 25 01609	100
8/18/15 SMITH, ROBERT	85 BOWMAN ST WESTBOROUGH MA 01581	100
4/29/15 SPELLANE, BRIAN	8 COBBLESTONE LN 01606	100
9/26/15 SPILLANE, ROBERT C	51 SANTORO RD 01606	200
ELECTRICIAN, NEC ENERGY SOLUTIONS WESTBOROUGH MA		



4/29/15 SPOKIS, MARY	224 SYCAMORE DR HOLDEN MA 01520	100
4/29/15 TRAINOR, ALICIA M	37 CATARACT ST 01602	100
6/18/15 TRAINOR, JOHN F	37 CATARACT ST 01602	100
4/29/15 WALLY, MATTHEW E	61 BERWICK ST 01602	100
4/29/15 WELCOM, MEI LEE	20 SUMAC CIR HOLDEN MA 01520	100
7/20/15 WHEELLOCK, ANDREW	268 BURNCOAT ST 01606	100
6/18/15 WHITE, THOMAS P	31 CHADWICK ST 01605	100
4/29/15 WHITTLE, MEGHAN M	69 ALVARADO AVE 01604	125

TOTAL RECEIPTS OVER \$50 \$ 7387

TOTAL RECEIPTS \$50 AND UNDER 5240

TOTAL RECEIPTS THIS PERIOD \$12627

10/20/15 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 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
4/29/15	CAMPAUSO, JEFF	83 DARNELL RD WORC 01606	FOOD	\$ 322.43
8/31/15	CENTRAL MASS AFL/CIO	400 WASHINGTON ST AUBURN 01501	LABOR BREAKFAST	60.00
5/26/15	DEMOCRATIC CITY COMMITTEE	42 BENEDICT RD WORC 01604	POLITICAL BOOK AD	100.00
8/25/15	GREATER WORC. COMMUNITY FOUNDATION	370 MAIN ST WORC 01608	ERIN COONAN SCHOLARSHIP	250.00
5/13/15	MCCULLOUGH, MAUREEN	2 FRONTENAK RD WORC 01602	REIMBURSEMENT	263.69
10/8/15	PLANTING THE SEED	PO BOX 60212 WORC 01606	TD PURGE ANONYMOUS CONTRIBUTIONS	70.00
7/2/15	RYAN QUINN MEMORIAL	195 FAIRHAVEN RD WORC 01606	DONATION	100.00
8/27/15	BCC / MATTHEW SULLIVAN	28 PROVIDENCE ST WORC 01604	SENIOR CTR ICE CREAM SOCIAL	175.00
5/4/15	SPECTRUM ENTERPRISES	PO BOX 4005 SHREWSBURY 01545	CAMPAIGN STICKERS	744.59
6/30/15	SPECTRUM ENTERPRISES	" "	LAWN SIGNS	1688.75
7/20/15	" "	" "	OVAL DECALS	558.18
8/19/15	" "	" "	CAMPAIGN BUTTONS	227.21
7/29/15	WORCESTER COUNTRY CLUB	2 RICE ST WORC 01606	FUNDRAISER	200.00
Line 12: Total Expenditures over \$50 (or listed above)				4,759.85
Line 13: Total Expenditures \$50 and under* (not listed above)				175.75
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$ 4,935.60

Enter on page 1, line 4 →

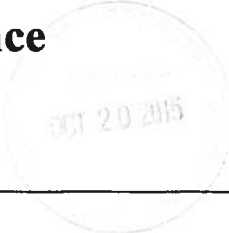
* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



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: 5/13/15

Name of Individual Being Reimbursed: MAUREEN 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
4/28/15	QUICK STOP PRINTING	340 SHREWSBURY ST WORCESTER MA 01604	CAMPAIGN ENVELOPES (1,000)	233.75
4/29/15	DUNKIN DONUTS	67 W. BOYLSTON ST WORCESTER	COFFEE FOR KICKOFF PARTY	29.94

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	263.69
Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	263.69

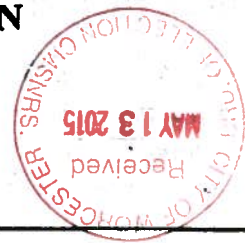
Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/19/15



**Form CPF M101 : STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM
Office of Campaign and Political Finance**



File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures

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

1. Committee Name: Committee to Elect Molly McCullough
(The name of the committee must include the candidate's last name)

2. Committee Address: 195 Fairhaven Road Worcester MA 01606

2a. Mailing Address: Same

3. Purpose: School Committee

4. Officers:	Name	Residential Address	Zip	Tel. No.
Chairman:	<u>Molly McCullough</u>	<u>195 Fairhaven Rd</u>	<u>01606</u>	<u>5084504272</u>
Treasurer:	<u>Maryliz O'Brien</u>	<u>94 Monadnock Rd</u>	<u>01609</u>	<u>5087831110</u>
Other officer:				
Other officer:				

Attach additional page, if necessary, with other officers and finance committee, if any

5. Candidate: Molly McCullough 195 Fairhaven Rd 01606

6. Office Sought:	Name	Address	Zip	Tel. No.
	<u>School Committee</u>	<u>Worcester</u>		<u>508-450-4272</u>
	Title	District	Party affiliation, if applicable	

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep 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:

Molly McCullough 4/11/15
Candidate's signature Date

I hereby accept the office of treasurer of the above-named committee. I understand that 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.

SIGNED UNDER THE PENALTIES OF PERJURY:

Maryliz O'Brien 5/12/15
Treasurer's signature Date

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Molly McCullough 4/11/15
Chairman's signature Date

