



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: Oct 15, 2021 Ending Date: Jan 20 22

Type of Report: (Check one)

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

Dianna L Biancherie
Candidate Full Name (if applicable)
School Committee
Office Sought and District
8 Ventura Rd
Residential Address
E-mail: dbiancherie@CHARTER.NET
Phone # (optional): 508 8684212

CE Dianna L Biancherie
Committee Name
Stephane Watson
Name of Committee Treasurer
8 Ventura Rd WORC MA 01604
Committee Mailing Address
E-mail: dbiancherie@CHARTER.NET
Phone # (optional): 508 8684212

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>3614.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>575.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4189</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3184.61</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1004.39</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>575.00</u>
Line 8: Name of bank(s) used:	<u>BERKSHIRE BANK</u>

RECEIVED
WORC
City Clerk
2022 JAN 20 AM 12:55

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: Stephane Watson (Treasurer's signature) Date: 1-20-22

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: 1-20-22

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)
11-8	Justin Gabriel 57 Goodale St West Boylston MASS	200	retired
11-8	Michael Lanza 877 Grove St Worema	150	
11-8	John McGovern 11 Calvin St Wore	100	
11-8	Philip Palmieri Comm Shrewsbury St Worema	75	
Line 9: Total Receipts over \$50 (or listed above)		525	
Line 10: Total Receipts \$50 and under* (not listed above)		50	
Line 11: TOTAL RECEIPTS IN THE PERIOD		575	← 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)
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 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
11-1	COMCAST EFFECT TV Boston mass	Boston mass	AD	127.50
12-13	DEMO COMMITTEE	WORC MA	Donation REIMBURSEMENT	50.-
10-24	EXXONMOBILE	WORC MA	Vehicle-gas	42.30
10-29	EXXONMOBILE	WORC MA	Vehicle-gas	64.30
10-29	EXXON MOBILE	WORC MA	Vehicle-gas	43.40
11-2	EXXON MOBILE	WORC MA	Vehicle-gas	41.00
11-6	EXXON MOBILE	WORC MA	Vehicle-gas	45.20
11-1	SURVEY - TEXT CASTING	Arlington TX	TEXT message AD	527.01
11-14	Telegram Gazette	100 Front St WORC MA	AD	1465.-
11-1	VOICE Broad CASTING	Arlington TX	Voice message	128.90
12-6	Zipfel media	Gold St SHREWSBURY MA	Commercial	650.-
Line 12: Total Expenditures over \$50 (or listed above)				3184.61
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				3184.61

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				

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 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				

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.

Date Incurred	To Whom Due	Address	Purpose	Amount
11-2	Falcone	Ajvard o Ave WORE	TRUCK Rental	300
10-30	m Oliveri	Da Marco Rd WORE	COMPUTER Tracking	275
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	575.

Form CPF M 102: Campaign Finance Report Municipal Form

Commonwealth
of Massachusetts

Received Office of Campaign and Political Finance
Worcester City Clerk

2021 OCT 25 AM 10:15

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-20-21 Ending Date: Oct 15-2021

Type of Report: (Check one)

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

Dianna L. Biancheria
Candidate Full Name (if applicable)
School Committee
Office Sought and District
8 Ventura Road
Residential Address
E-mail: dBiancheria@CHARTER.NET
Phone # (optional): 508 8684212

CTE Dianna L. Biancheria
Committee Name
Stephanie Watson
Name of Committee Treasurer
8 Ventura Rd WORC MA 01604
Committee Mailing Address
E-mail: dBiancheria@CHARTER.NET
Phone # (optional): 508 8684212

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1148.34</u>
Line 2: Total receipts this period (page 3, line 11)	<u>3945.-</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5093.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1479.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3614.00</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: Stephanie Watson (Treasurer's signature) Date: 10-25-21

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: Mandy Greener (Candidate's signature) Date: 10-25-21

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.

1

(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)
10-12	AZZARONE, GERALD 104 SHAWSBURY ST	100	COMMUNITY WORK
"	Ann Bartlett 27 Westview Rd	150	
"	John DiRenzo 27 DAVIS Rd Millbury	250	DIRENZO TRUCKING
"	Gina DiBenedetto 531 Buena Vista St	100	
"	Ed Madaus PO BOX 887 BOYLSTON	125	
"	Margaret Madaus PO BOX 887 BOYLSTON	100	
"	ANTONIA MARIANO 82 Lewis Rd BOURNE	100	
"	Richard MARKARIAN 4 DEAN ST 01609	100	
"	Maryann Melkonian 30 Blackthorn DR	100	
"	John Monopoli 92 Francis St	100	
"	Michael Moore, Senator 20 Bengston Lane, Millbury	100	
"	TIM MURRAY 11 KINNICOOT Rd	100	

Line 9: Total Receipts over \$50 (or listed above) 1425 page 1

Line 10: Total Receipts \$50 and under* (not listed above) Continued to page 2

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)

2

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-12	Anthony OLIVERI 13 MARJORIE ST	100	
"	Tom OLIVERI 17 Hilltop Circle	100	
"	Margaret OLIVERI 5 DEMARCO TER	100	
	Paul Pezzella 197 Commonwealth Ave. Boston	100	
	Robert Pezzella 42 GREENCOURT ST	125	
	Tony PINI - Legislative POLITICAL DIR 7 LABORERS HOPKINTON WAY	500	UNION LOCAL 243 DUFFY UNION LOCAL 272 KONTAXI HOPKINTON MASS
	Frank SILVESTRIS 18 TUCKER ST	200	RETIRED
	Kenneth SIMONCINI 420 BOSTON TPKE SHREWSBURY	100	
	Angela SIMONE 20 TORONITA AVE	100	
	Sharon WOODBURY 55 MALDEN ST WEST BOYLSTON	100	
	Dhalita/SOURCAYA YOUSSEF 30 LAUREL WOOD DR	300	The CEDAR BAR OWNER
		1825	pg 2 TOTAL

Line 9: Total Receipts over \$50 (or listed above)	3250	Total pg 1 and pg 2
Line 10: Total Receipts \$50 and under* (not listed above)	695	
Line 11: TOTAL RECEIPTS IN THE PERIOD	3945	← 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

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(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
10/13	EFFIEC, TV	BOSTON MA	CAMPAIGN AD	1479.00
Line 12: Total Expenditures over \$50 (or listed above)				1479-
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1479.00

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

* 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)				
Enter on page 1, line 6 → 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)**