Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

2017 JAN 23 PM 4:48

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-2016 Ending Date: 12-31-2016

Type of Report: (Check one)

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

Hilda Ramirez	Committee to elect Hilda Ramirez
Candidate Full Name (if applicable)	Committee Name
Worcester School Committee	Socorro Salcedo
Office Sought and District	Name of Committee Treasurer
10 South Ward Street, Worcester MA 01610	10 South Ward Street
Residential Address	Committee Mailing Address
Telephone Number (optional): (508) 410-6015	Telephone Number (optional): (508) 410-6015

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	231.51
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	231.51
Line 4: Total expenditures this period (page 5, line 14)	164.08
Line 5: Ending Balance (line 3 minus line 4)	67.43
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	3,177.45
Line 8: Name of bank(s) used:	Commerce Bank

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Socorro Salcedo (Treasurer's signature) Date: 1-20-17

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: Hilda Ramirez (Candidate's signature) Date: 1-20-17

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over $50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over $50. In addition, the occupation and employer must be reported for all persons who contribute $200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

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 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
10-15-15	Huda Ramey	10 South ward Wrc MA 01610	Reimbursement	164.08

none

Line 12: Total Expenditures over $50 (or listed above)	
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	164.08

HN

* 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)	
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)**

Received
Worcester City Clerk
2016 JAN 21 AM 10: 32

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: Jan 1, 2015 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

Hilda Ramirez
Candidate Full Name (if applicable)

Worcester School Committee
Office Sought and District

10 South Ward St Worc MA 01610
Residential Address

Telephone Number (optional): 508.410.6015

Committee to Elect Hilda Ramirez
Committee Name

Andrea Suarez
Name of Committee Treasurer

10 South Ward St Worc MA 01610
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	$242.75
Line 2: Total receipts this period (page 3, line 11)	Ø
Line 3: Subtotal (line 1 plus line 2)	$242.75
Line 4: Total expenditures this period (page 5, line 14)	$175.32
Line 5: Ending Balance (line 3 minus line 4)	$67.43
Line 6: Total in-kind contributions this period (page 6)	Ø
Line 7: Total (all) outstanding liabilities (page 7)	$3,983.07
Line 8: Name of bank(s) used:	Commerce Bank

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Treasurer's signature) Date: 1/20/16

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: Hilda Ramirez (Candidate's signature) Date: 1/20/16

SCHEDULE A: RECEIPTS (continued)

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

- None -

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	0 ← 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/21/15	Quickstop Printing	340 Shrewsbury St Wor MA 01604	Dear Friend cards	$175.32

Line 12: Expenditures over $50 (or listed above)	$175.32
Line 13: Expenditures $50 and under* (not listed above)	Ø
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	$175.32

* 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 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
4/22/11	Hilda Ramirez	10 South ward Wrc MA 01610	Reimbursement For Payment to Quickstop	459.8
5/2/11	Hilda Ramirez		Repayment For Loan Pnr cash	150.00
9/6/11	Hilda Ramirez	" "	Repayment For Loan Pnr cash contribution	180.00
11/14/11	Hilda Ramirez	" "	Repayment For Loan Pnr cash contribution	200.00
10/18/11	Hilda Ramirez	" "	Repayment For Loan Pnr cash Contribution	$2,187.65
5/15/15	Hilda Ramirez	" "	Reimbursement For Payment TO Quickstop	$154.07
5/29/15	Hilda Ramirez	" "	Reimbursement For payment TO Grill On The Hill	$639.3
6/3/15	Hilda Ramirez	" "	Reimbursement For Payment For Stamps	$12.25
				$3,983.07
Enter on page 1, line 7 →		Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		$3,983.07

Commonwealth of Massachusetts

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

CITY OF WORCESTER RECEIVED OCT 26 2015 CITY CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2015 Ending Date: Oct 16, 2015

Type of Report: (Check one)

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

HILDA RAMIREZ Candidate Full Name (if applicable)	COMMITTEE TO ELECT HILDA RAMIREZ Committee Name
WORCESTER SCHOOL COMMITTEE Office Sought and District	ANDREA SUAREZ Name of Committee Treasurer
10 SOUTH WARD ST, WORCESTER, MA 01610 Residential Address	10 SOUTH WARD ST, WORCESTER, MA 01610 Committee Mailing Address
Telephone Number (optional): (508) 410-6015	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	231.51
Line 2: Total receipts this period (page 3, line 11)	3,015.62
Line 3: Subtotal (line 1 plus line 2)	3,247.13
Line 4: Total expenditures this period (page 5, line 14)	3,004.38
Line 5: Ending Balance (line 3 minus line 4)	242.75
Line 6: Total in-kind contributions this period (page 6)	100
Line 7: Total (all) outstanding liabilities (page 7)	3,983.07
Line 8: Name of bank(s) used:	COMMERCE BANK

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Treasurer's signature) Date: 10/21/15

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: Hilda Ramirez (Candidate's signature) Date: 10/21/15

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)
May 29, 2015	SUSAN J BLACK 48 HILLTOP CIRCLE WORCESTER, MA 01609	100	
May 29, 2015	MAURICE J. BOISVERT 491 WEST MAIN ST SHREWSBURY, MA 01545	50	
May 29, 2015	MIRYAM YENNETH DIAZ CARILLO 366 WILDWOOD AVE WORCESTER, MA 01603	100	
Jun 8, 2015	AARON M. MENDEL & MATTIE CASTIEL 259 SALISBURY ST HOLDEN, MA 01520	50	
6/1/5	LINDA A CAVAIOLI 22 NORTHBRIDGE ST WORCESTER, MA 01603	100	
May 29, 2015	HENRY A CHAMBERLAIN 104 MORELAND ST WORCESTER, MA 01609	50	
May 29, 2015	JAMES CUADRADO 24 DOUGLAS ST WORCESTER, MA 01603	50	
May 29, 2015	MICHAEL FOGLIA 9 LITTLE POND RD NORTHBOROUGH, MA 01532	250	ATTORNEY FOGLIA & ASSOCIATES FRAMINGHAM, MA
Sep 16, 2015	JOEL & CAROL GOODMAN 6 FINEMORE RD WORCESTER, MA 01609	50	
May 29, 2015	SIMON H. GREGORY PO BOX 1900 JEFFERSON, MA 01522	100	
Sep 30, 2015	JESSE LEIDEL 32 BERKMAN ST WORCESTER, MA 01602	50	
May 29, 2015	ELVIS & MARIA LOPEZ 94 MCCLELLAN RD SUTTON, MA 01590	50	
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)
May 29, 2015	MIGUEL LOPEZ 128 KENWOOD DR RUTLAND, MA 01543	100	
May 29, 2015	ROBERT MONEGRO 1000 MAIN ST WORCESTER, MA 01603	300	OWNER SANTIAGOS PLAZA
May 29, 2015	ESPERANZA DONOVAN PENDZIC 7 BARROWS RD WORCESTER, MA 01609	100	
5/13/15 to 6/3/15	HILDA RAMIREZ (LOAN) 10 SOUTH WARD ST WORCESTER, MA 01610	805.62	ASSISTANT DIRECTOR LATINO EDUCATIONAL INSTITUTE
May 29, 2015	LAURIE ROSS 385 MAY ST WORCESTER, MA 01602	50	
Jun 12, 2015	ELIZABETH TOMASZEWSKI PO BOX 2741 WORCESTER, MA 01613	60	
Jun 12, 2015	AGUSTINA VELAZQUEZ 90 MORELAND GREEN DRIVE WORCESTER, MA 01609	100	
May 29, 2015	CARMEN DOLLY VAZQUEZ 4 ASH ST WORCESTER, MA 01603	50	
May 29, 2015	DR. JANICE B. YOST 55 WHISPER DR WORCESTER, MA 01609	50	

Line 9: Total Receipts over $50 (or listed above)	2,615.62	
Line 10: Total Receipts $50 and under* (not listed above)	400	
Line 11: TOTAL RECEIPTS IN THE PERIOD	3,015.62	← 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
Jun 24, 2015	CAFE REYES	421 SHREWSBURY ST WORCESTER, MA 01609	MARKETING EVENTS	100
Jun 16, 2015	CENTRO LAS AMERICAS	11 SYCAMORE ST WORCESTER, MA 01608	MARKETING LATIN AMERICAN FESTIVAL AD	200
Jun 19, 2015	CENTRO LAS AMERICAS	11 SYCAMORE ST WORCESTER, MA 01608	MARKETING LATIN AMERICAN FESTIVAL AD	50
May 29, 2015	GRILL ON THE HILL	1929 SKYLINE DR WORCESTER, MA 01605	CAMPAIGN KICK-OFF EVENT	639.3
May 13, 2015	QUICKSTOP PRINTING	340 SHREWSBURY ST WORCESTER, MA 01604	INVITATIONS FOR EVENT	154.07
Aug 18, 2015	QUICKSTOP PRINTING	340 SHREWSBURY ST WORCESTER, MA 01604	LAWN SIGNS	520.63
Sep 14, 2015	QUICKSTOP PRINTING	340 SHREWSBURY ST WORCESTER, MA 01604	PALM CARDS	1,328.13

Line 12: Total Expenditures over $50 (or listed above)	2,992.13
Line 13: Total Expenditures $50 and under* (not listed above)	12.25
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	3,004.38

* 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)	
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
Jun 1, 2015	JOHN TROBAUGH	15 WESTLAND ST WORCESTER, MA 01610	SOCIAL MEDIA & MARKETING	100

Line 15: In-Kind Contributions over $50 (or listed above)	100
Line 16: In-Kind Contributions $50 & under (not listed above)	0
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	100

* 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
Apr 22, 2011	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REIMBURSEMENT FOR PAYMENT TO QUICKSTOP	459.8
May 2, 2011	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REPAYMENT FOR LOAN PRIOR CASH CONTRIBUTIONS	150
Sep 6, 2011	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REPAYMENT FOR LOAN PRIOR CASH CONTRIBUTIONS	180
Nov 14, 2011	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REPAYMENT FOR LOAN PRIOR CASH CONTRIBUTIONS	200
Oct 18, 2011	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REPAYMENT FOR LOAN PRIOR CASH CONTRIBUTIONS	2,187.65
May 15, 2015	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REIMBURSEMENT FOR PAYMENT TO QUICKSTOP	154.07
May 29, 2015	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REIMBURSEMENT FOR PAYMENT TO GRILL ON THE HILL	639.3
Jun 3, 2015	HILDA RAMIREZ	10 SOUTH WARD ST WORCESTER, MA 01610	REIMBURSEMENT FOR PAYMENT FOR STAMPS	12.25
Enter on page 1, line 7 →		**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**		3,983.07