



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Received  
City Clerk

2024 JAN 22 PM 5:40

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="2583.09"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="200.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="0"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="2000.00"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="783.09"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="MTA"/>

**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:

**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:  (Candidate's signature)    Date:

## 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)
11/4/2024	Timothy Murray 11 Kinnicut Rd	200-	Pres. Worcester Regional Chamber
Line 9: Total Receipts over \$50 (or listed above)		200.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>200.00</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)
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 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
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				

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 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)				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				

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
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)	
			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	

\* 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 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	



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:  Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="1201.64"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="3740.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="4941.64"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="2358.55"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="2583.09"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="2000.00"/>
Line 8: Name of bank(s) used:	<input type="text" value="M&amp;T 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:

**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:  (Candidate's signature) Date:



## 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)
3/26/2023	Marybeth Adams 14 Wentworth Dr Auburn Ma 01501	25.00	
3/26/2023	Eileen Benoit 62 Borrkhaven Road Worcester Ma 01606	100.00	
3/26/2023	Melanie Benoit 2 Westport Cir Worcester Ma 01605	50.00	
6/14/2023	Owen Boss 77 Winthrop Lane Holden Ma 01520	100.00	
3/26/2023	Robert Buyniski 26 Willard Ave Worcester Ma 01602	100.00	
2/23/2023	Laura Cahill 20 Germain Street Worcester MA01602	100.00	
6/20/2023	CTE Candy Carlson 42 Benedict Road Worcester MA 01604	100.00	
6/20/2023	Matt Christy 186 Mungerhill Road Westfield Ma	100.00	
3/26/2023	Deb Covino 6 Jamesbury Dr Worcester Ma	100.00	
4/26/2023	Janet Croteau 51 Pilgram Springs road Wellfleet Ma	50.00	
3/26/2023	Cheryl D'Ambra 32 Green Farms Road Worcester Ma 01605	200.00	Loan Officer Athol Savings
6/14/2023	Sheila Caggiano 17 Ball Street Worcester Ma	50.00	
Line 9: Total Receipts over \$50 (or listed above)		900.00	
Line 10: Total Receipts \$50 and under* (not listed above)		175.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		1075.00	← 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/14/2023	Eliezer Diaz 73 Gates Lane Worcester, Ma	25.00	
2/28/2023	Alexandra Genduso 15 Ararat Street Worcester, Ma	100.00	
2/26/2023	Margaret Giarusso 69 Nelson Place Worcester Ma 01605	50.00	
6/15/2023	Paul Giorgio 11 Manadnock Rd Worcester MA 01609	100.00	
6/14/2023	CTE Alex Guardiola 172 Sterling Street Worcester Ma01610	50.00	
6/14/2023	Cheryl D'Ambra 32 Green Farms Road Worcester Ma 01605	100.00	
3/26/2023	Beth Donovan 87 Eagle Road Worcester MA	20.00	
3/26/2023	Shannon Granger 25 Hapgood Road Worcester Ma	50.00	
3/26/2023	Jerilyn Labouef 126 Sears Island Drive Worcester Ma	100.00	
3/26/2023	Michael Lanava 877 Grove Street Worcester Ma	125.00	
6/14/2023	Curtis Lebeau 418 New River rd. Manville RI	20.00	
6/14/2023	Sheila Leonard 10 Lenox St. Worcester MA	100.00	
3/26/2023	CTE John Mahoney 138 Newton Ave North Worcester Ma	100.00	
Line 9: Total Receipts over \$50 (or listed above)		725.00	
Line 10: Total Receipts \$50 and under* (not listed above)		265.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		990.00	← 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 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)
1/16/2023	DJ Mara 11 Green Farms Road Worcester MA 01605	50.00	
6/14/2023	Tara Mara 11 Green Farms Worcester Ma 01605	100.00	
6/14/2023	Maureen McCulough 770 Salisbury Street Worcester Ma	25.00	
6/14/2023	DJ Mara 11 Green Farms Road Worcester Ma	200.00	Student
1/14/2023	Meg Mulhearn 25 Barrows Road Worcester Ma 01609	50.00	
3/26/2023	Meg Mulhearn 25 Barrows Road Worcester Ma01609	100.00	
3/20/2023	Molly McCulough 5 Hockanum, Way Worcester MA 01606	100.00	
5/31/2023	Justine McEvoy 38 Terrace Drive Worcester MA 01609	25.00	
5/17/2023	Patricia OMalley 8 Waterford Street Worcester Ma 01602	25.00	
2/9/2023	Jennifer Pacillo 62 Clark Street Worcester Ma 01606	25.00	
3/26/2023	Judy Pulsifer 30 Mohave Road Worcester Ma	50.00	
5/1/2023	Nick Plante 19 Country Hill Holden Ma 01522	500.00	Attorney
Line 9: Total Receipts over \$50 (or listed above)		1000.00	
Line 10: Total Receipts \$50 and under* (not listed above)		250.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1250.00</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)
6/14/2023	Jose Rivera 23 Fenton Dr Worcester Ma	25.00	
6/14/2023	Liz Smara 36 Nelson Place Worcester Ma 01605	25.00	
6/14/2023	Lisa Scavone 37 Hastings Ave Worcester Ma	100.00	
6/14/2023	David Sullivan 16 NWoodford St. Apt 3 Worcester Ma 01604	25.00	
6/14/2023	Gina Tagney 89 Harrington Way Worcester Ma 01604	50.00	
6/14/2023	Kate Toomey 50 Ideal Road Worcester MA 01606	100.00	
3/27/2023	Chritstian Webber 21 Kenilworth Road Worcester Ma	100.00	
Line 9: Total Receipts over \$50 (or listed above)		300.00	
Line 10: Total Receipts \$50 and under* (not listed above)		125.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		425.00	← 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
01/22/2023	Worcester East Middle	420 Grafton Street Worcester, Ma	Meat Raffle- Donation	\$100.00
05/21/2023	Planting The Seed	5 Hockanum Way Worcester Ma	Meat Raffle- Donation	\$100.00
6/14/2023	Laura Clancey	2 Westport Circle Worcester MA	Reimbursement for food for fundraiser	416.20
8/23/2023	Burncoat High School	179 Burncoat Street Worcester	Donation for courtyard	100.00
8/5/2023	Don Shortman	22 Weatherstone Drive Worcester Ma 01604	Campaign Literature	774.06
07/13/2023	Jessica Simone Memorial	12 Prentice Street Worcester Ma 01604	Sponsorship	100.00
7/28/2023	WCRDSA	240 Main Street Worcester Ma	Sponsorship	250.00
10/6/2023	Don Shortman	22 Weatherstone Dr. Worcester Ma 01604	Signs	463.13
02/20/2023	Act Blue	Sommerville MA	Fees	13.85
3/26/2023	Act Blue	Sommerville Ma	Fees	15.81
6/18/2023	Act Blue	Sommerville Ma	Fees	25.50
Line 12: Total Expenditures over \$50 (or listed above)				2303.39
Line 13: Total Expenditures \$50 and under* (not listed above)				55.16
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				2358.55

\* 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)**

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

\* 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 →			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	

\* 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
11/30/2020	Laura Clancey	2 Westport Circle Worcester Ma	Campaign Loan	\$2000.00
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	2000.00