



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 7/25/2017 * Ending Date: 10/20/2017
* Committee formed 6/6/17. No financial activity between 6/6/17 and 7/25/17.

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
E-mail:
Phone # (optional):

Fall River Home Rule Charter Ballot Question Committee
Committee Name
Claire Louis
Name of Committee Treasurer
1020 Montgomery St., Fall River, MA 02720
Committee Mailing Address
E-mail: <u>claire_a_louis@yahoo.com</u>
Phone # (optional): <u>(201) 675-1141</u>

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	2,045
Line 3: Subtotal (line 1 plus line 2)	2,045
Line 4: Total expenditures this period (page 5, line 14)	1,987.3
Line 5: Ending Balance (line 3 minus line 4)	57.7
Line 6: Total in-kind contributions this period (page 6)	1,287.5
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	St. Anne's Credit Union, Webster 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: Claire Louis (Treasurer's signature) Date: 10/29/2017

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)
09/08/2017	Bartley, Kris 278 Locust Street Fall River, MA 02720	100	
07/25/2017	Cash receipts for "Medium Night"	150	
08/03/2017	Cash receipts for "Medium Night"	90	
08/09/2017	Cash receipts for "Medium Night"	210	
08/14/2017	Cash receipts for "Medium Night"	30	
08/15/2017	Cash receipts for "Medium Night"	120	
08/21/2017	Cash receipts for "Medium Night"	60	
08/26/2017	Cash receipts for "Medium Night"	450	
09/26/2017	Cash receipts for "Spaghetti & Meatball Dinner"	40	
10/04/2017	Cash receipts for "Spaghetti & Meatball Dinner"	15	
10/19/2017	Cash receipts for "Spaghetti & Meatball Dinner"	330	
08/09/2017	Cusick, James 1528 Highland Avenue Fall River, MA 02720	100	
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)
08/09/2017	Louis, Claire 1020 Montgomery Street	100	
07/25/2017	Miozza, Michael 84 Holland Street Fall River, MA 02720	100	
08/17/2017	Norton, Patrick 1225 New Boston Road Fall River, MA 02720	100	
08/18/2017	Quinn, Michael 543 Woodlawn Street Fall River, MA 02720	50	
Line 9: Total Receipts over \$50 (or listed above)		2,045	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,045	← 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
08/25/2017	BK's Beacon Tavern	320 Airport Road Fall River, MA 02720	"Medium Night" room rental balance (minus \$50 deposit)	50
10/20/2017	BK's Beacon Tavern	320 Airport Road Fall River, MA 02720	"Spaghetti & Meatball Dinner" restaurant cost	350
08/23/2017	Harland Clarke/Webster Bank	33 Jeremiah V. Sullivan Drive, Fall River, MA 02721	Webster Bank checking account check shipping charge	3.93
09/14/2017	O Jornal	207 Pocasset Street Fall River, MA 02720	Newspaper advertisements: five weeks @ \$50/week	250
09/29/2017	Radio Voz Do Emigrante	P.O. Box 9813 Fall River, MA 02720	Radio station advertisements: 40 ads @ \$10/ad	400
08/16/2017	Staples	600 South Street West Raynham, MA 02763	175 18" X 24" yard signs	283.37
09/17/2017	Venice, August	25 Wright's Way Fall River, MA 02720	Reimbursement for "Medium Night" room rental deposit	50
08/14/2017	WSAR Radio 1480 AM	1 Home Street Somerset, MA 02725	Radio PSA advertisements: 50 ROS slots @ \$6/slot	300
08/31/2017	WSAR Radio 1480 AM	1 Home Street Somerset, MA 02725	Radio PSA advertisements: 50 ROS slots @ \$6/slot	300
Line 12: Total Expenditures over \$50 (or listed above)				1,987.3
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,987.3

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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
08/25/2017	Medeiros, Kathleen	23 Main Road, #2 Tiverton, RI 02878	Medium services	1,000
08/16/2017	Miozza, Michael	84 Holland Street Fall River, MA 02720	75 used metal sign stakes	52
08/22/2017	Miozza, Michael	84 Holland Street Fall River, MA 02720	Printing services, printer toner, copy paper	235.5
Line 15: In-Kind Contributions over \$50 (or listed above)				1,287.50
Line 16: In-Kind Contributions \$50 & under (not listed above)				---
Line 17: TOTAL IN-KIND CONTRIBUTIONS				1,287.50

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. **Page 6**

