



Commonwealth of Massachusetts

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

RECEIVED

2017 SEP 15 P 2: 15

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 01 Date 01 Year 17 Ending Month 08 Date 25 Year 17

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

Sean Thomas Connell
Full Name of Candidate (if applicable)
Fall River School committee
Office Sought and District
219 Purchase st, Apt 2W FR
Residential Address
Sean.connell88@gmail.com
E-mail: Tel. No. (optional)

Friends of Sean Connell
Committee Name
Carla Connell
Name of Committee Treasurer
219 Purchase st, Apt 2W, F.R.
Committee Mailing Address
electseanconnell@gmail.com
E-mail: Tel. No. (optional)

SUMMARY BALANCE INFORMATION:
Line 1: Ending balance from previous report \$ 2.64
Line 2: Total receipts this period (page 2, line 11) \$ 1050.00
Line 3: Subtotal (line 1 plus line 2) \$ 1052.64
Line 4: Total expenditures this period (page 3, line 14) \$ 919.99
Line 5: Ending balance (line 3 minus line 4) \$ 132.65
Line 6: Total in-kind contributions this period (page 4) \$ -
Line 7: Total (all) outstanding liabilities (page 4) \$ -
Line 8: Name of bank(s) used Notice Name Community Federal Credit Union

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:
Carla Connell
Treasurer's signature (in ink) Date 9/13/17

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)
[X] 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, 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:
Candidate signature (in ink) Date 9-13-17

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.

This page may be copied 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)
8/18/17	Colleen Avedikian 8 winghaven Lane, Westport MA	200	00	Professor, BCC
8/24/17	Green Rainbow Party 5 Eunice Dr, Longmeadow MA	150	00	
5/1/17	Brian Pastori 71 Chancery St, New Bedford, MA	100	00	
7/11/17	Eileen Wheeler Sheehan 668 River Road, Westport MA	100	00	
8/17/17	Elie Yarden 143 Pleasant St, unit 2A, Cambridge MA	500	00	Retired
Line 9: Total receipts in excess of \$50 (or listed above)		1050	00	
Line 10: Total receipts \$50 and under* (not listed above)		-		
Line 11: TOTAL RECEIPTS IN THE PERIOD		1050	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.

Page 2

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.

This page may be copied 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	
8-25-17	Signs on the cheap	www.signsonthecheap.com	Yard signs	278	92
8-1-17	Sigute Melus	5106 N. Capital st NW unit 1, D.C. 20011	200 Buttons	100	00
7-16-17	Staples	416 Williams Canning BLVD F.R MA 02722	Print costs, banners, business cards, pens label tape	157	81
Line 12: Expenditures over \$50				536	73
Line 13: Expenditures \$50 and under*				383	26
Line 14: TOTAL EXPENDITURES				919	99

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	N/A

* 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: OUTSTANDING LIABILITIES (ALL)	N/A