Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

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CITY CLERK
FALL RIVER, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10-21-17 Ending Date: 12-31-17

Type of Report: (Check one)

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

Paul E Coogan Candidate Full Name (if applicable)	Paul Coogan for School Committee Committee Name
School Committee Office Sought and District	Judi St. Hilaire Name of Committee Treasurer
90 Williamson St, Fall River, MA 02720 Residential Address	90 Williamson St, Fall River MA 02720 Committee Mailing Address
Telephone Number (optional): 508-678-2336	Telephone Number (optional): 508-678-2336

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	754.24
Line 2: Total receipts this period (page 3, line 11)	550.00
Line 3: Subtotal (line 1 plus line 2)	1304.24
Line 4: Total expenditures this period (page 5, line 14)	1245.92
Line 5: Ending Balance (line 3 minus line 4)	58.32
Line 6: Total in-kind contributions this period (page 6)	—
Line 7: Total (all) outstanding liabilities (page 7)	5,000.00
Line 8: Name of bank(s) used:	Bank Five

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: Judi St Hilaire (Treasurer's signature) Date: 1-4-18

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: Paul Coogan (Candidate's signature) Date: 1-4-18

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)
10-23-17	Carpenters Union 1305 2391 Bedford St Fall River, MA 02720	250 -	
10-30-17	Judi St Hilaire 90 Williamson St. Fall River, MA 02720	300 -	Surgical Coordinator Gyn. Ob Associates

Line 9: Total Receipts over $50 (or listed above)	550 -
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	550 - ← 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
11-16-17	Citizens for Citizins	264 Griffin St Fall River, MA	donation for gifts	50 -
11-14-17	Fall River Holiday Parade	One Government Ctr Fall River, MA 02722	parade handbook	100 -
10-30-17	Herald News	207 Pocasset St. Fall River, MA	Ads	1095.92

Line 12: Total Expenditures over $50 (or listed above)	1195.92
Line 13: Total Expenditures $50 and under* (not listed above)	50 -
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	1245.92

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

* 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
7-7-15	Paul Coogan	90 Williamson St Fall River, MA 02720	Campaign Loan	5,000 -

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 5,000 -