



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

RECEIVED

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2018 JAN 10 P 12:42

Fill in dates:

Reporting Period Beginning 10 / 21 / 2017 Ending 12 / 31 / 2017

Type of report: (Check one)

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

THOMAS KHOURY

Full Name of Candidate (if applicable)

School Committee

Office Sought and District

477 SHERMAN ST Fall River MA

Residential Address 02723

tazrf7@yahoo.com

508-675-2883

Tel. No. (optional)

Committee to Elect Tom Khoury

Committee Name

Charlene J. Khoury

Name of Committee Treasurer

477 Sherman St Fall River MA

Committee Mailing Address 02723

CKhoury1055@yahoo.com

508-675-2883

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>168.61</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>5695.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>5863.61</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>6050.49</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>-186.88</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>SANTANDER</u>

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:

Charlene J. Khoury

Treasurer's signature (in ink)

1-10-2018

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

Thomas Khoury

Candidate signature (in ink)

1-10-2018

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.

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)
10/25	Antoine Akoury 416 Nichols St F.R. MA	70	00	
10/25	April Assad 86 Dunbar St F.R. MA	140	00	
10/27	Charles Auclair 690 So. Main St F.R. MA	100	00	
10/23	Carpenters Local Union 1305 239 Bedford St F.R. MA	500.	00	Carpenters Local Union 1305
10/25	Nicholas Christ 224 Valentine St F.R. MA	70	00	
10/24	Anthony Cordeiro 171 Pleasant St F.R. MA	100	00	
10/25	Leonard Coriaty 2 Goosberry Ln. Dartmouth, MA	70	00	
10/25	Wendy Correia 355 No Eastern Ave F.R. MA	70	00	
10/25	DR Michael Crane 200 Bowen St F.R. MA	70	00	
10/25	Dylan Ferreira 156 Taunton Ave See Konk, MA 02771	200	00	
10/24	Dale Ferris 343 Stewart St F.R. MA	100	00	
10/25	Paul Forand 784 Mohawk Dr Westport, MA	70	00	
10/25	Nancy Furtado 213 Bullock St F.R. MA	70	00	
10/25	Cynthia Guimond 530 Birch St F.R. MA	70	00	
10/25	Karl Hetzler 195 No Ogden St F.R. MA	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)				Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				

* 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 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

* 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)

