

Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts File with: City or Town Cl	erk or Election Commission		
Report Being Amend		eginning Date: OCT. 21, 2017 Ending Date: DEC.	. 31, 2017
8th day preceding	preliminary 28th day preceding election	☐ 30 day after election ⊠ year-end report ☐ disc	solution
	THOMAS KHOURY	COMMITTEE TO ELECT TOM KHOURY	
	Candidate Full Name (if applicable) RMAN STREET, FALL RIVER, MA 02723	Committee Name CHARLENE KHOURY	
	Residential Address SCHOOL COMMITTEE	Name of Committee Treasurer 477 SHERMAN STREET, FALL RIVER, MA 02723	
	Office Sought and District	Committee Mailing Address	
E-mail: TAZR	F7 @ Jahov. com	E-mail: CKhoury 1055 @ ya hoo	o. com
Phone # (optional): 5	78-675-2883	Phone # (optional): 508-675-2883	
	SUMMARY BALAN	NCE INFORMATION:	
	Line 1: Ending Balance from previous repor	rt 1,655.56	-
	Line 2: Total receipts this period	5,770	
	Line 3: Subtotal	7,425.56	
	Line 4: Total expenditures this period	6/66.06	
y .	Line 5: Ending Balance	1319.50	
	Line 6: Total in-kind contributions this perio	od0	
	Line 7: Total (all) outstanding liabilities	1,701.95	
	Line 8: Name of bank(s) used: SANTAND	ER BANK	
The original filing of	the above-referenced campaign finance report is be	eing amended for the following reason(s):	
REPORT WAS AME 1. DONATION FR PREVIOUSLY	OM GORDON AND MARIE WOOLAM ON 10/	31/17 IN THE AMOUNT OF \$75.00 HAD NOT BEEN	
2. THE FOLLOWIN	G EXPENDITURES WERE NOT LISTED:		
10/24/17 HOME	E DEPOT \$33.26		
11/1/17 FACE 11/1/17 SANT	BOOK \$9.71 ANDER BANK \$12.60		
			jan i Rij
		8 E	
Signed under the penaltic	s of perjury:	Signed under the penalties of perjury:	
	. ////	11/2 0 0 1/l	
(Candidate's signature)	Date: /- 14-2019	(Treasurer's signature) Date:	1.14.2



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 001. 21, 2017 Ending Date: Dec. 31, 2017
Type of Report: (Check one) Bth day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
THOMAS KHOURY Candidate Full Name (if applicable) SCHOOL Committee Office Sought and District 477 SHERMAN ST FACERINA MA. Residential Address E-mail: 162RF 7 @ Mahov Com Phone # (optional): 508-675-2883 Committee to Flect Tom Khoury Committee Name Charlene J. Khoury Name of Committee Treasurer H17 SHERMAN ST. FACERINA MA. Committee Mailing Address E-mail: CKhoury 1055 @ Yahov-Com Phone # (optional): 508-675-2883
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) 7 725.56
Line 4: Total expenditures this period (page 5, line 14) Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4) / 319.50
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: SANTANDER BANK
Line 6. Name of bank(s) used.
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 penaltics of perjury: (Treasurer's signature) 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 (Candidate's signature)

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)
Date Received			
10.23.17	Carpenter's Local Union 1305 g. 239 Bedfor	500.00	Carpenters Local Union 1305
10-24-17	Anthony Cordeiro	100.00	
10-24.17	Dale Ferris 343 Stewart St. F.R.	100.00	
10-24-17	John Teves 26 Mc bowan St. F.R.	70.00	
10.25.17	Antoine A Khonry 416 Nichols St F.R.	70.00	
10-25-17	April Assad 86 Dunbar St. F.R.	140.00	
10.25-17	Nicholas Christ 224 Valentine St F.R.	70.00	
10-25-17	Leonard Coriaty 2 booseberry LN.	70.00	
10-25-17	Wendy CAREIA 355 No. Eastern Ave F.E.	70.00	
10-25-17	Dr. Michael Crane 200 Bowenst F.R. Ma.	70-00	
10-25-17	Dylan Ferreira 156 Taunton AVE SECKONK, Ma OZTIL	200.00	Educator
10-25:17	Paul Forand 784 Mohawic Dr. Westport, Ma	70.00	
Line 9: Total Recei	pts over \$50 (or listed above)	â	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
A4. 3 1	RECEIPTS IN THE PERIOD	L	← 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.

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. Occupation & Employer Amount Name and Residential Address Date (for contributions of \$200 or more) (alphabetical listing required) Received Peter Le Page Suite 220
Peter Le Page Suite 220
Sy Favnce Cor Rd No. Dertmith,

Gordon & Marie Woolain

460 Old Har bor Rd
West put, me. Plum Direct MK+ 00 1000. Do Line 9: Total receipts in excess of \$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)
10.25.17	Nancy Furtado 213 Bullock St F.R.	70.00	
10-25-17	Cynthia Guimond 530 Birch St F.R.ma	70-00	
10.25.17	Karl Hetzler 195 No. Ogdenst F.R.	100.00	
10-25-17	Robert Kforry 224 montgomery Str.	100.00	
10-25-17	Virginia Leeman 750 Pauglist F.R.	70.00	
10.25-17	Shirley Mc Hugh P.O. BIX 285 Tivetto RI	70-00	
10.25.17	Ray Medeinos, 20 Creturod St FR.	70.00	
10-25-17	John Pettenatti 77 Watupa Rd Wastport, Ma	70.10	
10-25-17	Nadia Rebello 980 Elsbreest F.E.	70.00	
10.25.17	Joseph Shaker 926 Montgomery Stan	70.00	
10-25-17	Sha Ker Shaker 1796 Locust St F.R.	105-00	
10-26-17	Joseph Silvia 53 Brigs 1 St ma	105-00	
10-27.17	Charles Auchir 690 So. Main St F.R.	100.00	
Line 9: Total Recei	pts over \$50 (or listed above)	3675.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	2095.00	
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	5770-00	← 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.)

тероге ин ехрени		ittee name and a page number on	саси раде.)	
Data Daid	To Whom Paid	À Al Alexandre	D	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
10-30-17	Radio Voice of the Imigrant WHTB	Home St Somerset, Ma	Radio Ads for Compaign	540.00
10-23-17	Plum Direct marketing	84 Faunce Car Rd N. Dartmorth, Ma.	POST Caris (Pix) Miler Campaign marketing	2611.44
10.26.17	WSAR	Home St Somerset, Men	Radio Ads for Campaign	549.00
10-25-17	BK'S BEAGN TAVERN	320 Airport Rd F.R. Ma.	FUNDRAISER Dinner	1,501.87
10:30.17	O'Jornal Newsquper	207 POCASETST F-R Ma	Newspaper ADS	357.00
10-30-17	Herald News	207 PocassetSt F.R. MA.	ON LINE New Spaper ADS	300.00
10-27-17	SANTANDER. BANK	141 No Main ST F.R. MA.	Opening her Checking Account	57.55
16-29-17	F.R.Y.S.	Fan River youth Soccer Assoc	Donation	50.00
11-7-17	Marzilli Bakery	Bedford St F.R. Ma.	FOOD FOR Election Nite gathering	90.63
10-24-17	Home Depot	Sumerset	LVOIDEN POLES for Signs	33 26
11.1.17	Face book		ADS BOOST	9.71
11-15-17	SANTANDER BANK	141 No Main St F. R. Mh.	Analysic Fee	12:60
		Line 12: Total Expenditures over	er \$50 (or listed above)	6600.49
		Line 13: Total Expenditures \$50	and under* (not listed above)	105.57
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	6106:06
If you have item	ized expenditures of \$50 and under	include them in line 12. I inc 12 ch	auld include only those armanditure	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

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	
	-			THE PROPERTY OF THE PROPERTY O	
				The state of the s	
				THE PARTY OF THE P	
		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 →	Line 17: TOTAL IN-KIND Co	ONTRIBUTIONS		

^{*} 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

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
				THE STATE OF THE S
` .				
7.8/2017	THOMAS KHOURE	477 SHERMAN ST	Loan From Candidate	170195



Form CPF M 102: Campaign Finance Report

	Municipal Form Office of Campaign and Political Finance
Commensation	Office of Campaign and Forest America

le with:						the first
ty or Town Clerk or Election Commission Pl	ease print or t	type all informat	ion, except sign	natures		
		, , , , , , , , , , , , , , , , , , ,			OF WAL SID	12: 42
Fill in dates: Month Resorting Period Regioning 10	21	2017	Ending	Month 17	Deta 7/	2017
Reporting Period Beginning /0			cnung_	12	CLERK	2011
Type of report: (Check one)		, , , , , , , , , , , , , , , , , , ,			FALL RIVER, F	14
	8th day preced	ling election [30 day after e	lection	Vyear-end repor	t 🗆 dissolution
THOMAS KHOURS	J		mmittee	to E	lect Tom Ki	houry
Full Name of Candidate (if ap					tee Name	
School Committee	<u>e</u>		arlene		Khoury	
Office Sought and Distr	rict /	ma 11.			ittee Treasurer	· Med
477 SHERMAN ST.	PALL KIVER	$\frac{1}{2}$		rma		
Residential Address	0272	3 CK	1		~·····• /·	2723
tazrt 7 OyAhoo . com	Trib Mr. /- at		houry 10	•	ya hoo con	
508-675-2883	Tel. No. (option	(508-	675-288	3		(optional)
SI	UMMARY	BALANCE	NFORMAT	ION:		
Line 1: Ending ba	lance fro	m previous	report	9	\$ 168.61	
Line 2: Total rece		~	_		5695.00	
1	-	_	c, mic 11 <i>j</i>		5863.61	
Line 3: Subtotal (-
Line 4: Total expo		-	(page 3, line 1	4) 3	6050.49	
Line 5: Ending ba	lance (line	3 minus line 4)		3	5-186.8	
Line 6: Total in-kir	nd contrib	utions this p	eriod (page 4) §	SO	[
Line 7: Total (all)	outstandin	g liabilities (page 4)	9	6 0	Į.
Line 8: Name of ba						
	111(0) 1100					- 丿
Affidavit of Committee Treasurer:						
I certify that I have examined this report including	attached schedul	es and it is, to the bes	t of my knowledge	and belief	a true and complete sta	tement of all campaign
finance activity, including all contributions, loans, campaign finance activity of all persons acting und	receipts, expendit er the authority or	ures, disbursements, i r on behalf of this cor	n-kind contribution: mittee in accordan	s and habi ce with the	lities for this reporting pre- e requirements of M.G.L.	eriod and represents the c. 55.
Ω_{A}	Signed un	ider the penalties of	perjury:			
Clearlese T. Mo	un			1-/	10-2018 Date	
Treasurer's signature (in ink)					Date	
FOR CANDI	DATE FIL	INGS ONLY	: (CANDIDATE	MUST S	IGN BELOW)	
Affidavit of Candidate: (check I box only)	•					
Candidate with Committee and no activity in I certify that I have examined this report including			of my knowledge:	and belief	a true and complete state	ement of all campaign
finance activity, of all persons acting under the au-	thority or on beha	lf of this committee i	n accordance with t	he require	ments of M.G.L. c. 55. 1	have not received any
contributions, incurred any liabilities nor made any Candidate without Committee OR Candidat						į
I certify that I have examined this report including	attached schedule	es and it is, to the bes	of my knowledge :			
finance activity, including contributions, loans, rec campaign finance activity of all persons acting order	er the authority or	es, assoursements, in- r on behalf of this con	ranittee in accordan	ce with the	requirements of M.G.L.	о вли гергезени ин с. 55,
_ :// ////		the penalties of perj	iry:			
1 homas Maur	7)		/	-10	2018 Date	
Candidate signature (in ink)					Date)

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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

Date Received	Name and Residential Address d (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more)
	Antoine AKoury 416 Nichols St F.R. MA	70	00	
0/25	April Assad 86 Dunbar St F.R. MA	140	ov	
	Charles Auclair 690 So. Mainst	100	00	
10/23	Carpenters Local Union 1305	500.	ov	Carpenters Local Union 1305
	Nicholas Christ 224 Valentinest	70	0	
	Anthony Cordeiro F.R.MA	100	00	
10/25	Leonard Coriaty 2 Goosberry CA.	70	00	
10/25	Wendy Correia 355 No Eastern Ave F.R. MA	70	00	
10/25	DR Michael Crane 200 Bowen St	70	00	
10/25	Dylan Ferreira 156 Taunton Ave See Kon K, MA 02771	200	00	
10/24	Dale Ferris 343 stewartst	100	00	
10/25	Paul Forand 784 Mohawk DR Westport Ma	70	w	
10/25	Nancy Furtado 213 Bullock St F.R. MA	70	ov	
10/25	Cynthia Guimond 530 Birch St F.R. MA	70	W	
10/25	Nancy Furtado 213 Bullock St F.R. MA Cynthia Guimond 530 Birch St F.R. MA Karl Hetzler 195 No Ogden St F.R. MA	100	w	
Line 9:	Total receipts in excess of \$50 (or listed above)	<u> </u>		
Line 10:	Total receipts \$50 and under* (not listed above)			
	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 Page 2 above.

		,

(ommittee to Elec T.K.) SCHEDULE A: RECEIPTS

Cont from pg. 2

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

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
10/25	Robert Kfoury 224 Montgomerys	100	Ø	
	Virginia Leeman 750 Davol St Virginia Leeman Unit 211 F.R. MA	70	DD	
10/30	Peter Le Page 84 Favnce Con Svite 320 no Dartonth	/000.	00	Plum Direct MK+.
	Shirley McHugh Fir. RI	70	ov	
	Ray Medeiros 20 Crestwoodst	10.	W	
10/25	John Pettenatti westpart, MA	70	00	·
10/25	Nadia Rebello 980 Els brest	70	vo	
10/25	Joseph Shaker F.R. MA	70	00	
10/25	Shaker Shaker F.R. MA	105	OD	
10/26	Joseph Silvia NewBedford, MA	105	00	·
10/21	John Teves ZC McGowan St F.R.MA	70	Øυ	
- **				
	·			
		·		
Line 9:	Total receipts in excess of \$50 (or listed above)	3600	00	
	Total receipts \$50 and under* (not listed above)	10,	OD	
	TOTAL RECEIPTS IN THE PERIOD	5695	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 Page 2 above.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

imber on eac	To Whom Paid	Address	Purpose of Expenditure	Amount	
Date Paid	•	22001	•		
	(alphabetical listing)		Radio Ad		T
10/30	Radio Voice of the	Home St Somerset, MA	for Campaign	540	a
10/23	Plum Direct	SY Favorce Cor Rd N-Dartmouth MA	post Card mailers campaign	2,611.	44
10/26	marketing WSAR	Home ST Somerset, MA	Radio Ads for Campaign	549	ov
10/25	BK'S Beacon Tavern	320 Airport Rd F.R. MA	FundraisER DINNER	1501.	87
10/30	O'Jornal News	F.R. MA	Newspaper ADS on line	350	00
10/30	Herald News	POTPOCASSET ST F.R.MA	Newspaper	3.00	a
10/27	Santander Bank	141 No Main FRA	new Checking account	57.	53
10/29	F.R.Y. S.	FALL RIVER Youth SOCLER ASSOC-	Donation	50	00
11/7	Marzilli Bakery	Bedford St F.R. MA	FOOD FOR Election Nite	90.	63
	The state of the s				-
	The control of the co				
-					
· · · · · · · · · · · · · · · · · · ·		Line 12:	Expenditures over \$50	6000	49
		Line 13:	Expenditures \$50 and under*	50	00
	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	6050	149

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

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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
	,			ļ
				-
, <u>.</u>		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	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
•				
<u>'</u>	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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