



**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 Clerk or Election Commission

Report Being Amended: Year: 2017 Reporting Period: Beginning Date: OCT. 21, 2017 Ending Date: DEC. 31, 2017

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

THOMAS KHOURY
Candidate Full Name (if applicable)
477 SHERMAN STREET, FALL RIVER, MA 02723
Residential Address
SCHOOL COMMITTEE
Office Sought and District
E-mail: <u>tazrf7@yahoo.com</u>
Phone # (optional): <u>508-675-2883</u>

COMMITTEE TO ELECT TOM KHOURY
Committee Name
CHARLENE KHOURY
Name of Committee Treasurer
477 SHERMAN STREET, FALL RIVER, MA 02723
Committee Mailing Address
E-mail: <u>CKhoury1055@yahoo.com</u>
Phone # (optional): <u>508-675-2883</u>

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	1,655.56
Line 2: Total receipts this period	5,770
Line 3: Subtotal	7,425.56
Line 4: Total expenditures this period	6,106.06
Line 5: Ending Balance	1,319.50
Line 6: Total in-kind contributions this period	0
Line 7: Total (all) outstanding liabilities	1,701.95
Line 8: Name of bank(s) used: <u>SANTANDER BANK</u>	

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

REPORT WAS AMENDED BECAUSE:

- DONATION FROM GORDON AND MARIE WOOLAM ON 10/31/17 IN THE AMOUNT OF \$75.00 HAD NOT BEEN PREVIOUSLY REPORTED.
- THE FOLLOWING EXPENDITURES WERE NOT LISTED:
 10/24/17 HOME DEPOT \$33.26
 11/1/17 FACEBOOK \$9.71
 11/1/17 SANTANDER BANK \$12.60

RECEIVED
2019 JAN 15 P 1:24

Signed under the penalties of perjury:

 (Candidate's signature)

Date: 1-14-2019

Signed under the penalties of perjury:

 (Treasurer's signature)

Date: 1-14-2019



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Oct. 21, 2017 Ending Date: Dec. 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
Candidate Full Name (if applicable)

SCHOOL Committee
Office Sought and District

477 SHERMAN ST Fall River, MA 02723
Residential Address

E-mail: tazref7@yahoo.com

Phone # (optional): 508-675-2883

Committee to Elect Tom Khoury
Committee Name

Charlene J. Khoury
Name of Committee Treasurer

477 SHERMAN ST. Fall River MA 02723
Committee Mailing Address

E-mail: CKhoury1055@yahoo.com

Phone # (optional): 508-675-2883

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1655.56</u>
Line 2: Total receipts this period (page 3, line 11)	<u>5770.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>7425.56</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>6,106.06</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1,319.50</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>1701.95</u>
Line 8: Name of bank(s) used:	<u>SANTANDER BANK</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) Date: 1.14.19

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: Thomas Khoury (Candidate's signature) Date: 1.14.19

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 Local Union 1305 239 Bedford St. F.R.	500.00	Carpenters Local Union 1305
10-24-17	Anthony Cordeiro 171 Pleasant St F.R.	100.00	
10-24-17	Dale Ferris 393 Stewart St. F.R.	100.00	
10-24-17	John Teves 26 McBowen St. F.R.	70.00	
10-25-17	Antoine A Khoury 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 Corriaty 2 Gooseberry Ln. Dartmouth, Ma	70.00	
10-25-17	Wendy Correia 355 No. Eastern Ave F.R.	70.00	
10-25-17	Dr. Michael Crane 200 Bowen St F.R. Ma.	70.00	
10-25-17	Dylan Ferreira 150 TAUNTON AVE SEEKONK, MA 02771	200.00	Educator
10-25-17	Paul Forand 784 Mohawk DR Westport, Ma	70.00	
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

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)
10/30/17	Peter Le Page Suite 320 84 Farnice Cor Rd No. Dartmouth MA	1000.	00	Plum Direct MKT
10/31/17	Gordon & Marie Woolain 460 Old Harbor Rd Westport, Ma	75.	00	
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 N. Ogden St F.R.	100.00	
10-25-17	Robert Kfoury 224 Montgomery St F.R.	100.00	
10-25-17	Virginia Leeman 750 Davul St F.R. Unit 211	70.00	
10-25-17	Shirley McHugh P.O. Box 205 Tiverton RI	70.00	
10-25-17	Ray Medeiros 20 Crestwood St F.R.	70.00	
10-25-17	John Pettenatti 77 Watuppa Rd Westport, Ma	70.00	
10-25-17	Nadia Rebello 980 Elfbrec St F.R.	70.00	
10-25-17	Joseph Shaker 926 Montgomery St F.R.	70.00	
10-25-17	Shaker Shaker 1746 Locust St F.R.	105.00	
10-26-17	Joseph Silvia 53 Briggs St New Bedford, Ma	105.00	
10-27-17	Charles Auclair 690 So. Main St F.R.	100.00	
Line 9: Total Receipts over \$50 (or listed above)		3675.00	
Line 10: Total Receipts \$50 and under* (not listed above)		2095.00	
Line 11: TOTAL 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10-30-17	Radio Voice of the Immigrant WITTS	Home St Somerset, Ma	Radio Ads for Campaign	540.00
10-23-17	Plum Direct Marketing	84 Faunce Car Rd N. Dartmouth, Ma.	Post Cards (Pix) Milers Campaign marketing	2611.44
10-26-17	WSAIR	Home St Somerset, Ma	Radio Ads for Campaign	549.00
10-25-17	BK'S BEACON TAVERN	320 Airport Rd F.R. Ma.	FUNDRAISER Dinner	1,501.87
10-30-17	O'Jornal Newspaper	207 Pocasset St F.R. ma	Newspaper ADS	350.00
10-30-17	Herald News	207 Pocasset St F.R. MA.	ON LINE Newspaper ADS	300.00
10-27-17	SANTANDER BANK	141 No. Main St F.R. MA.	opening new Checking Account Campaign	57.55
10-29-17	F.R.Y.S.	Fall River Youth Soccer Assoc	Donation	50.00
11-7-17	Manzilli Bakery	Bedford St F.R. ma.	Food for Election Nite gathering	90.63
10-24-17	Home Depot	Somerset	WOODEN 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. Ma.	Analysis Fee	12.60
Line 12: Total Expenditures over \$50 (or listed above)				6000.49
Line 13: Total Expenditures \$50 and under* (not listed above)				105.57
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				6106.06

* 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
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				

* 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
7-8/ 2017	THOMAS KHOURY	477 SHERMAN ST	Loan From Candidate	1701.95

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

1701.95



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with:
City or Town Clerk or Election Commission

RECEIVED

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 Seekonk, 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 A: RECEIPTS

(Committee to Elec T.K.)
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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
10/25	Robert Kfoury 224 Montgomery St F.R. MA	100	00	
10/25	Virginia Leeman 750 Davol St Unit 211 F.R. MA	70	00	
10/30	Peter LePage 84 Faunce Core Rd Suite 320 No Dartsmouth MA	1000	00	Plum Direct MKT.
10/25	Shirley McHugh P.O. Box 205 Tiv. RI	70	00	
10/25	Ray Medeiros 20 Crestwood St F.R. MA	70	00	
10/25	John Pettenatti 77 Watuppa Rd Westport, MA	70	00	
10/25	Nadia Rebello 980 Elysabee St F.R. MA	70	00	
10/25	Joseph Shaker 926 Montgomery St F.R. MA	70	00	
10/25	Shaker Shaker 1796 Locust St F.R. MA	105	00	
10/26	Joseph Silvia 53 Briggs St New Bedford, MA	105	00	
10/26	John Teves 26 McGowan St F.R. MA	70	00	
Line 9: Total receipts in excess of \$50 (or listed above)		3600	00	
Line 10: Total receipts \$50 and under* (not listed above)		2095	00	
Line 11: 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 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)	

