



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

2021 OCT 25 P 1:47

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2021 Ending Date: 10/15/2021

Type of Report: (Check one) RIVER, MA
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Michelle Larrivee
 Candidate Full Name (if applicable)
 Fall River School Committee
 Office Sought and District
 268 Oak Grove Ave., Fall River, MA 02723
 Residential Address
 E-mail: larrivee33@gmail.com
 Phone # (optional): _____

Committee to Elect Michelle "Mimi" Larrivee
 Committee Name
 Peter Daley
 Name of Committee Treasurer
 268 Oak Grove Ave., Fall River, MA 02723
 Committee Mailing Address
 E-mail: peterbdaley@gmail.com
 Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	485.45
Line 2: Total receipts this period (page 3, line 11)	8,947
Line 3: Subtotal (line 1 plus line 2)	9,432.45
Line 4: Total expenditures this period (page 5, line 14)	5,956.85
Line 5: Ending Balance (line 3 minus line 4)	3,475.6
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:	Bristol County Savings Bank

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: Peter Daley (Treasurer's signature) Date: 10/21/2021

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: [Signature] (Candidate's signature) Date: 10/21/2021

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)
8/9/2021	Nicole Astle 601 Bullock St. Fall River, MA 02720	150	
8/9/2021	Yanka Camacho 133 Healy St. Fall River, MA 02723	100	
8/9/2021	Rebecca Collins 501 Harvard St. Fall River, MA 02720	100	
8/9/2021	Michael Costa 45 Bliss St. Fall River, MA 02720	50	
8/9/2021	Rebecca Cusick 1528 Highland Ave. Fall River, MA 02720	50	
8/9/2021	Armand and Paula Desmarais 454 Mt. Pleasant St. Fall River, MA 02720	150	
8/9/2021	Patrick and Michelle Fleming 444 Mt. Pleasant St. Fall River, MA 02720	125	
8/9/2021	Patricia Freitas 263 Newbury St. Fall River, MA 02720	50	
9/30/2021	Kristen Gauvin 593 Madison St. Fall River, MA 02720	50	
8/9/2021	Susan and Robert Gendron 1634Z Drift Rd. Westport, MA 02790	50	
8/9/2021	William and Kimberly Hawkins 252 S. Beacon St. Fall River, MA 02724	50	
8/9/2021	Edward Keyes, Jr. 178 Bryant St. Berkley, MA 02779	100	
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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/9/2021	Charlene and Thomas Khoury 477 Sherman St. Fall River, MA 02723	50	
8/9/2021	Guilia Khoury 663 County St. Fall River, MA 02723	50	
8/9/2021	Jahnna Khoury 663 County St. Fall River, MA 02723	50	
8/9/2021	Helen Kuhn 664 Hygeia Ave. Encinitas, CA 92024	50	
8/9/2021	David and Melissa Lambert 1600 Copicut Rd. Dartmouth, MA 02747	150	
8/9/2021	John and Christine Lapointe 386 Freelove St. Fall River, MA 02720	50	
8/9/2021	Dawn and Adam Larrivee 75 Larrivee Pl. Fall River, MA 02724	50	
8/9/2021	Michael Larrivee 16 Sachem St. Warren, RI 02885	50	
8/9/2021	Jeannine and William Leary 278 Oak Grove Ave. Fall River, MA 02723	100	
8/9/2021	Angela and Jonathan Lehn 37 Bright St. Fall River, MA 02721	50	
8/9/2021	Shelly McCann 29 Apple Creek Ln. Fall River, MA 02720	50	
8/9/2021	Stephanie Merkt 290 Cambridge St. Fall River, MA 02721	50	
8/9/2021	Alyssa and Edward Michael 77 Baldwin St. Fall River, MA 02720	50	
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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/9/2021	Curtis Nelson 99 Lucille Ln. Fall River, MA 02720	100	
8/9/2021	Ann O'Neil-Souza 351 Kenyon St. Fall River, MA 02720	100	
8/9/2021	Joshua and Melissa Panchley 687 Harvard St. Fall River, MA 02720	50	
8/9/2021	Danielle Pavao 54 Kane St. Fall River, MA 02720	50	
8/9/2021	William and Colleen Perkins 11 Algerine St. Berkley, MA 02779	50	
9/30/2021	Gerald Potvin 32 Berlin St. Fall River, MA 02720	200	Highway Maintenance Foreman, Massachusetts Department of Transportation
8/9/2021	James and Anne Santoro 294 Archer St. Fall River, MA 02720	50	
8/9/2021	Elizabeth Saunders 34 Harding St. Fall River, MA 02720	100	
8/9/2021	Brian and Dawn Saurette 1984 Robeson St. Fall River, MA 02720	50	
8/9/2021	Megan Scheffer 17 Thatcher St. South Dartmouth, MA 02748	50	
8/9/2021	Naomi and Terrance Sullivan 1010 High St., 2nd Floor Fall River, MA 02720	75	
8/9/2021	Margaret and Gustave Tavares 6 Evans St. Assonet, MA 02702	50	
8/9/2021	Robert and Andrea Young 105 Lumber Ct. Myrtle Beach, SC 29588	50	
Line 9: Total Receipts over \$50 (or listed above)		2,800	
Line 10: Total Receipts \$50 and under* (not listed above)		6,147	
Line 11: TOTAL RECEIPTS IN THE PERIOD		8947	← 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
9/28/2021	Boys & Girls Club of Fall River	803 Bedford St. Fall River, MA 02723	Golf tournament fundraiser	100
8/14/2021	Corky Row Club	602 Third St. Fall River, MA 02721	Back to school backpack drive	100
9/28/2021	Diabetes Association, Inc.	4 S. Main St. Fall River, MA 02721	Golf tournament fundraiser	150
8/2/2021	Elks Lodge #118	4500 N. Main St. Fall River, MA 02720	Hall rental for fundraiser	250
9/28/2021	Greater Fall River RE-Creation	45 Rock St. Fall River, MA 02720	Golf tournament fundraiser	225
8/14/2021	Michelle Larrivee	268 Oak Grove Ave. Fall River, MA 02723	Reimbursement for clamboil fundraiser purchases	5,100
Line 12: Total Expenditures over \$50 (or listed above)				5,925
Line 13: Total Expenditures \$50 and under* (not listed above)				31.85
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				5,956.85

* 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)				
Enter on page 1, line 6 → 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
Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			