



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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2021 OCT 25 A 9:48

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2021 Ending Date: 10/15/2021

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

Paul B. Hart, Sr.
 Candidate Full Name (if applicable)
 Fall River School Committee
 Office Sought and District
 70 Warburton Street, Fall River, MA 02720
 Residential Address
 E-mail: threeharts@comcast.net
 Phone # (optional): _____

Committee to Elect Paul Hart
 Committee Name
 Erin Harrington
 Name of Committee Treasurer
 1250 Elsbree Street, Fall River, MA 02720
 Committee Mailing Address
 E-mail: erinh2433@gmail.com
 Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	106.64
Line 2: Total receipts this period (page 3, line 11)	2,305.00
Line 3: Subtotal (line 1 plus line 2)	2,411.64
Line 4: Total expenditures this period (page 5, line 14)	476.25
Line 5: Ending Balance (line 3 minus line 4)	1,935.39
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:	Fall River Municipal Credit Union

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: Erin Harrington (Treasurer's signature) Date: 10/23/2021

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: Paul Hart (Candidate's signature) Date: 10/23/2021

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)
01/29/2021	Joseph A. Marshall 323 Kenyon Street Fall River, MA 02720	100.00	
01/29/2021	Frank Farias 8 Betsy Drive Bristol, RI 02809	250.00	Occupation: Director of Technolgy Integration Employer: Fall River Public Schools
01/29/2021	Neil Poirier 176 Grattan Street Fall River, MA 02721	100.00	
02/12/2021	Kevin Santos 593 Jefferson Street Fall River, MA 02721	100.00	
02/12/2021	Mark Gustafson 1869 Highland Avenue Fall River, MA 02720	100.00	
02/12/2021	David and Colleen Halbardier 210 McMahon Street Fall River, MA 02721	100.00	
02/12/2021	Robert Karam 500 Albany Street Fall River, MA 02720	200.00	Occupation: Owner Employer: Karam Financial Group
02/12/2021	Michael McHenry 763 Oak Grove Avenue, Apt. 2 Fall River, MA 02720	250.00	Occupation: General Manager Employer: Colonial Wholesale Beverage
02/23/2021	John Frank 275 Calvin Street Fall River, MA 02720	100.00	
03/26/2021	James McDonald 1632 N. Laurel Avenue - Apt. 229 Los Angeles, CA 90046	100.00	
04/07/2021	Peter DeFusco 35 Plains Field Drive Dartmouth, MA 02748	100.00	
05/05/2021	Joseph D'Adamo 1360 Highland Avenue Fall River, MA 02720	100.00	
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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
08/09/2021	Joan Menard 4700 North Main Street, Apt. 1-J Fall River, MA 02720	100.00	
09/16/2021	Maryellen Yalmokas 12 Holder Lane West Barnstable, MA 02668	250.00	Occupation: Administrative Assistant Employer: Barnstable Public Schools
09/28/2021	Brian Mikolazyk 750 Davol Street #615 Fall River, MA 02720	100.00	
Line 9: Total Receipts over \$50 (or listed above)		2,050.00	
Line 10: Total Receipts \$50 and under* (not listed above)		255.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,305.00	← 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
08/20/2021	justyardsigns.com	4880 A1 Distribution Court Orlando, FL 32822	Yard Signs and Stakes	292.50
10/10/2021	justyardsigns.com	4880 A1 Distribution Court Orlando, FL 32822	Yard Signs	183.75
Line 12: Total Expenditures over \$50 (or listed above)				476.25
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				476.25

* 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 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)				