



Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

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Commonwealth of Massachusetts

File with:
City or Town Clerk or Election Commission

2017 SEP 5 A 9:19

Please print or type all information, except signatures

Fill in dates: Reporting Period Beginning Jan 1 2017 Ending Aug 25 2017

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

Thomas Khoury
Full Name of Candidate (if applicable)
Fall River School Committee
Office Sought and District
477 Sherman St. F.R. Ma 02723
Residential Address
508-675-2883
Tel. No. (optional)
tk2rf7@yahoo.com

Committee to Elect Tom Khoury
Committee Name
MURRIN WALSH
Name of Committee Treasurer
477 Sherman St. F.R. Ma. 02723
Committee Mailing Address
508-675-2883
Tel. No. (optional)
MURRINWALSH@YANDEX.COM

SUMMARY BALANCE INFORMATION:
Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 2,280.00
Line 3: Subtotal (line 1 plus line 2) \$ 2,280.00
Line 4: Total expenditures this period (page 3, line 14) \$ 1,701.95
Line 5: Ending balance (line 3 minus line 4) \$ 578.05
Line 6: Total in-kind contributions this period (page 4) \$ 350.00
Line 7: Total (all) outstanding liabilities (page 4) \$
Line 8: Name of bank(s) used Santander (open acct. as of 8/21/17)

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:
Marrin Walsh
Treasurer's signature (in ink)
8/27/17
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)
8/27/17
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)
8/23/17	Holly Bronhard 192 Hyacinth St.	200. 00	Realtor (Mignault Realty)
8/25/17	Wayne Campos 815 Montecompst St	300 00	Self Employed
8/16/17	Leonard Coriarty	100 00	
8/25/17	Gina + James Khoury	100 00	
	132 So. Swall St. Apt 3. Los Angeles, Ca. 90048		
8/25/17	Raymond Medeiros	60 00	
	20 Crestwood St. FR. ma 02720		
Line 9:	Total receipts in excess of \$50 (or listed above)	660 00	
Line 10:	Total receipts \$50 and under* (not listed above)	1620 00	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	2280 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.

This page may be copied 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	
8/25/17	Dean Diogo Photography	305 Bullock St Fall River Ma 02720	Campaign Photo Shoot	200	00
8/17/17	Dunkin Donuts	325 Ekbreest St FR. Ma 02720	Coffee + Donuts for Coffee Hour Bishop Fid Apts.	60	00
7/28/17	Express Printing	103 County St FR Ma 02723	Campaign Marketing	1426	95
Line 12: Expenditures over \$50				1686	95
Line 13: Expenditures \$50 and under*				15	00
Line 14: TOTAL EXPENDITURES				1701	95

Enter on page 1, line 4

*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 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
8/25/17	Geary Donovan	8 Zulmied Dr. Westport Ma. 02790	Food - use of Venue Dunny's Saloon	350.00
Line 15: In-kind over \$50				350.00
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				350.00

Enter on page 1, line 6

* 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
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7