



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

2019 OCT 28 P 4: 38

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2019 Ending Date: 10/18/2019

Type of Report: (Check one)

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

Michelle "Mimi" Larrivee
Candidate Full Name (if applicable)

Fall River School Committee
Office Sought and District

268 Oak Grove Avenue, Fall River, MA 02720
Residential Address

E-mail: larrivee33@gmail.com

Phone # (optional): (774) 930-0901 0903

Committee to Elect Michelle "Mimi" Larrivee
Committee Name

Peter Daley
Name of Committee Treasurer

268 Oak Grove Avenue, Fall River, MA 02720
Committee Mailing Address

E-mail: peterbdaley@gmail.com

Phone # (optional): (508) 642-7067

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	11,143
Line 3: Subtotal (line 1 plus line 2)	11,143
Line 4: Total expenditures this period (page 5, line 14)	7,439.09
Line 5: Ending Balance (line 3 minus line 4)	3,703.91
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	<u>Bristol County Savings 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: Peter Daley (Treasurer's signature) Date: 10/28/2019

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: 10/28/2019

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)
Jul 27, 2019	Jay Alexander 611 N. Underwood Street Fall River, MA 02720	1,000	Restaurant owner, self-employed
7/18/2019	Nicole Astle 601 Bullock Street Fall River, MA 02720	75	
7/25/2019	George Cabral 311 Freelove Street Fall River, MA 02720	125	
9/18/2019	Peter Cabral 700 Shore Drive, Unit 612 Fall River, MA 02721	200	Restaurant owner, real estate, self-employed
7/27/2019	Caitlin Davies 115 Bloomfield Street Seekonk, MA 02771	200	Teacher, Fall River Public Schools
7/27/2019	Armand Desmarais 454 Mt. Pleasant Street Fall River, MA 02720	75	
7/27/2019	Michael Desmarais 307 Pleasant Street Somerset, MA 02726	100	
8/21/2019	Sheila Franco 489 Spring Street, Apt. 3 Fall River, MA 02721	1,000	Bus driver, People Incorporated
7/20/2019	Patricia Freitas 263 Newbury Street Fall River, MA 02720	100	
7/27/2019	Jared Gosselin 910 Locust Street Fall River, MA 02720	100	
7/29/2019	Thomas Gosselin 766 Madison Street Fall River, MA 02720	500	Business owner (Highland Fence), self-employed
7/27/2019	Stephen Labelle 5 Lang Road E. Freetown, MA 02717	400	Principal business owner - auto sales and service, self-employed
Line 9: Total Receipts over \$50 (or listed above)		4,625	
Line 10: Total Receipts \$50 and under* (not listed above)		6,518	
Line 11: TOTAL RECEIPTS IN THE PERIOD		11,143	← 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)
9/12/2019	William McGuinness 315 7th Avenue, Apt. 9B New York, New York 10001	500	Management professional, Latham & Watkins, LLP
7/26/2019	Alexandra Morales 133 Healy Street Fall River, MA 02723	75	
7/27/2019	Kyle Potvin 69 Campania Street, Apt. 2 Fall River, MA 02721	200	Director of Licensing, Commonwealth of MA
7/20/2019	Amy Rigtrup 714 Bedford Street Fall River, MA 02720	100	
7/27/2019	Ann Vorro 73 Ellery Avenue Middletown, RI 02842	75	
Line 9: Total Receipts over \$50 (or listed above)		4,625	
Line 10: Total Receipts \$50 and under* (not listed above)		6,518	
Line 11: TOTAL RECEIPTS IN THE PERIOD		11,143	← 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
8/2/2019	Boyer, Lenny	63 Locust Street Assonet, MA 02702	Reimbursement for clamboil fundraiser expenses	1,737.92
9/16/2019	Boys & Girls Club of Fall River	803 Bedford Street Fall River, MA 02723	Boys & Girls Club Golf Tournament fundraiser	200
9/14/2019	Corky Row Club	602 Third Street Fall River, MA 02721	Golf Tournament fundraiser	200
9/14/2019	Daley, Peter	422 Rochester Street Fall River, MA 02720	Reimbursement for Home Depot and campaign meeting refreshment purchases	83.3
8/3/2019	Elks Lodge #118	4500 N. Main Street Fall River, MA 02720	Hall rental for campaign fundraiser	350
9/15/2019	Ethan Goncalo Scholarship Foundation	890 Bedford Street Fall River, MA 02723	Golf Tournament fundraiser	200
8/26/2019	Express Printing	102 County Street Fall River, MA 02723	Campaign signs and marketing	1,284.56
8/26/2019	Express Printing	102 County Street Fall River, MA 02723	Campaign pins, signs, and stickers	74.38
10/13/2019	Fall River Police Department	685 Pleasant Street Fall River, MA 02721	Det. Richard Magan fundraiser	100
9/25/2019	Fall River RE-Creation	45 Rock Street Fall River, MA 02720	Golf Tournament fundraiser	200
8/15/2019	Fall River Youth Soccer Association	P.O. Box 1088 Fall River, MA 02722	Team sponsorship	250
10/15/2019	Gina's Restaurant	950 Wilson Road Fall River, MA 02720	Campaign meeting	96.47
Line 12: Total Expenditures over \$50 (or listed above)				7,267.33
Line 13: Total Expenditures \$50 and under* (not listed above)				171.76
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				7,439.09

* 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
10/15/2019	Gina's Restaurant	950 Wilson Road Fall River, MA 02720	Campaign meeting	116.47
7/31/2019	Harland Clarke Check Orders	15955 La Canterra Parkway San Antonio, TX 78256	Deposit-only stamp for campaign account	50.24
8/20/2019	Larrivee, Michelle	268 Oak Grove Avenue Fall River, MA 02720	Reimbursement for campaign meeting set-up materials	100.43
8/26/2019	Larrivee, Michelle	268 Oak Grove Avenue Fall River, MA 02720	Reimbursement for clamboil fundraiser	2,000
9/7/2019	Larrivee, Michelle	268 Oak Grove Avenue Fall River, MA 02720	Reimbursement for food for second campaign meeting	143.56
10/5/2019	Scottie's Pub	202 Pleasant Street Fall River, MA 02721	Food for organizational campaign meeting	180
Line 12: Expenditures over \$50 (or listed above)				7,267.33
Line 13: Expenditures \$50 and under* (not listed above)				171.76
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				7,439.09

* 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.

