



**Form CPF M 102: Campaign Finance Report**  
**Municipal Form**  
 Office of Campaign and Political Finance

RECEIVED

2019 OCT 24 P 1:33

Commonwealth of Massachusetts

File with:  
 City or Town Clerk or Election Commission

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning JAN <sup>Month</sup> 1 <sup>Date</sup> 2019 <sup>Year</sup> Ending OCT <sup>Month</sup> 18 <sup>Date</sup> 2019 <sup>Year</sup>

**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 F.R.MA02723  
 Residential Address

EMAIL: tazrf7@yahoo.com  
 Email

508-675-2883 Tel. No. (optional)

Committee to ELECT Tom Khoury  
 Committee Name

Charlene J. Khoury  
 Name of Committee Treasurer

477 SHERMAN ST F.R.MA02723  
 Committee Mailing Address

EMAIL: CKhoury1955@yahoo.com  
 Email

508-675-2883 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>594.50</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>3215.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>3809.50</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>3178.50</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>631.00</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>1701.95</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 Date 10.23.19

Treasurer's signature (in ink)

**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 Date 10.23.19

Candidate signature (in ink)

## 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)
9.30.19	George Ackley 185 Cherry St Somerset, 02706	150	00	
9.30.19	ATT. April + DAVID ASSAD 368 Dunbar St. 02723	100	00	
9.30.19	ATT. BRUCE ASSAD 16 Bedford St 02720	200	00	LAWYER
9.30.19	DAVID ASSAD 468. N. Eastern Ave 02723	50	00	
9.30.19	Rebecca Cusick 15 28 Highland Ave 02720	50	00	
9.30.19	Leonard Coriaty 2 Gooseberry Ln Dartmouth, MA 02747	100	00	
8.26.19	Jameson Guimond 224 Valentine St 02720	100	00	
9.30.19	Rene Guimond Twin Acre Lane Swampscott, MA 02777	50	00	
9.30.19	Harry Hassoun 11 Slade St Swampscott, MA 02777	50	00	
9.30.19	Joshua Hetzler 1441 Stafford Rd 02721	75	00	
9.30.19	Thomas Joaquim 10 Dale St 02721	50	00	
8.4.19	Robert Lake 130 Celia St 02720	200	00	Retired
9.30.19	Shelly McCann 29 AppleCreek Ln 02720	50	00	
9.30.19	Raymond Medeiros 20 Crestwood St 02720	50	00	
9.30.19	Michael Nawrocki 42 Thomas Rd Berkley, MA 02779	150	00	
Line 9: Total receipts in excess of \$50 (or listed above)		1825	00	CONT →
Line 10: Total receipts \$50 and under* (not listed above)		1390	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3215	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 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)
9-30-19	Roberta Galva Provlx 237 Third St 02721	50.	00	
9-30-19	Daniel Rapoza 506 Riverside Dr Tiv. RI 02878	50.	00	
9-30-19	James Santoro 294 Archer St 02720	50.	00	
9-30-19	Janis + Jeff Santos 692 Woodmont St 02724	50	00	
9-30-19	Jared Santos 371 Sherman St 02723	75.	00	
9-30-19	Shaker Shaker 1796 Locust St 02723	75.	00	
9-30-19	Erik Tolley 154 St Barnabes St Woonsocket, RI 02895	50.	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 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	
7.28.19	Nelly STRONG FOUNDATION	222 E Main St F.R. 02724	FUNDRAISER CANCER	75.	00
8.26.19	SO. CO. TRIBUNE	18 Purchase St F.R. MA	Political Ad Newspaper	300.	00
9.10.19	Home Depot	535 Grand Army Hwy Somerset, MA 02726	Tools for Political SIGNS	116.	08
9.25.19	David ASSAD Relay for Life	468 No Eastern Ave F.R. 02723	Fundraiser for CANCER	50.	00
10.3.19	Com to Elect Linda Pereira	99 N. Ogdon St F.R. 02723	Fundraiser	100.	00
10.3.19	Scottie's Pub	202 Pleasant St F.R. 02721	Fundraiser Payment	500.	00
JAN-AUG.	BANK Fees	7.50 A month x 8 months	BANK Fees	60.	00
10.15.19	WSAR	Home St Somerset MA	Political Ad RADIO	960.	00
10.15.19	Express Printing	102 County St F.R. 02723	Political Campaign Items	977.	50
			Line 12: Expenditures over \$50	3138.	50
			Line 13: Expenditures \$50 and under*	40.	00
			<b>Line 14: TOTAL EXPENDITURES</b>	<b>3178.</b>	<b>50</b>

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
			0	
			0	
			0	
			0	
Line 15: In-kind over \$50				0
Line 16: In-kind \$50 and under				0
Line 17: Total In-kind				0

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
7/2017	THOMAS K HOURY	477 SHERMAN ST. FR. 02723	LOAN FROM CANDIDATE	1701.95
Line 18: OUTSTANDING LIABILITIES (ALL)				1701.95

Enter on page 1, line 7