



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with:
City or Town Clerk or Election Commission

2021 OCT 22 P 2:01

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning July 1 2021 Ending October 15 2021

Type of report: (Check one)

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

Shelli A Pereira
Full Name of Candidate (if applicable)
School Committee
Office Sought and District
111 N Ogden St Fall River Ma
Residential Address
774 301 7886
Tel. No. (optional)

Committee to Elect Shelli Pereira
Committee Name
Louis Pereira
Name of Committee Treasurer
111 N Ogden St Fall River ma
Committee Mailing Address
774-301-7886
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>—</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>3620.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>3620.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>2829.75</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>690.29</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>800.00</u>
Line 8: Name of bank(s) used	<u>Rockland Trust</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:

Louis Pereira
Treasurer's signature (in ink)

10/15/21
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:

Shelli Pereira
Candidate signature (in ink)

10/15/21
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.

800.00 Loan ?

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)
4/29/21	Barbara Cannon	100 00	
8/10/21	Paula Desmarais	200 00	Retired
8/10/21	Rebecca Collins	200 00	Construction self employed
8/19/21	Carole Fiola	200 00	state representative
7/31/21	Debra Lambert	100 00	
9/7/21	Christine Lodge	100 00	
8/10/21	Diane Lawless	50 00	
8/10/21	Stephan Long	50 00	
10/3/21	Ryan Lyons	100 00	
8/10/21	Russell Michaud	60 00	
7/7/21	michael O'Brien	500 00	Retired
8/10/21	Daniel Rapoza	50 00	
8/31/21	Michael Rodrigues	100 00	
8/15/21	Thomas Rodrigues	50 00	
9/11/21	Ron Rusin	60 00	
Line 9: Total receipts in excess of \$50 (or listed above)		1720 00	3220.00
Line 10: Total receipts \$50 and under* (not listed above)		400 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3620 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.

7/21/21 Louis Pereira
Shari P

500.00 Retired

Committee to Elect Shelli A Pereira

SCHEDULE A: RECEIPTS

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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)
8/29/21	Barbara Cannon	100 00	
8/10/21	Paula Desmarais	200 00	Retired
8/10/21	Rebecca Collins	200 00	Selfemployed Construction
8/18/21	Carole Fiola	200 00	State Representative
7/31/21	Debra Lambert	100 00	
8/10/21	Diane Lawless	50 00	
9/17/21	Christine Lodge	100 00	
8/10/21	Paula Long	50 00	
10/3/21	Ryan Lyons	100 00	
8/10/21	Russell Michaud	60 00	
7/7/21	Michael O'Brien	500 00	Retired
7/21/21	Louis Pereira	500 00	Retired
7/1/21	Shelli Pereira	800 00	
8/10/21	Daniel Rapoza	50 00	
8/31/21	Michael Rodrigues	100 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.

Committee to Elect Shelli APereira

SCHEDULE A: RECEIPTS Page

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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.

CITY CLERK

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/15/21	Thomas Rodrigues	50 00	
9/1/21	Ron Rusin	60 00	
Line 9: Total receipts in excess of \$50 (or listed above)		3220 00	
Line 10: Total receipts \$50 and under* (not listed above)		400 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3620 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	
8/4/21	go daddy		website	120	68
8/12/21	Shorty's Pub		event	53	51
8/16/21	Good Shepard Parish		donation	50	00
10/15/21	Express Printing		Signs, stickers masks, magnets	2560	63
Line 12: Expenditures over \$50				2784	82
Line 13: Expenditures \$50 and under*				44	89
Line 14: TOTAL EXPENDITURES				2829	71

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
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
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
7/1/21	Shelli Pereira	111 N Ogden St Fall River ma	Loan	800.00
Line 18: OUTSTANDING LIABILITIES (ALL)				800.00

Enter on page 1, line 7