



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1.1.2023 Ending Date: 10.20.2023

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

Shelli A Pereira
Candidate Full Name (if applicable)
School Committee
Office Sought and District
111 No Ogden St Fall River MA 02723
Residential Address
E-mail: ShelliPereira@gmail.com
Phone # (optional): 774 301 7886

Elect Shelli-Ann Pereira
Committee Name
Louis Pereira
Name of Committee Treasurer
111 No Ogden St Fall River MA
Committee Mailing Address
E-mail: Shelli Pereira
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>668.51</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2345.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3013.51</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1915.12</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1098.69</u>
Line 6: Total in-kind contributions this period (page 6)	<u>—</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>600.00</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: [Signature] (Treasurer's signature) Date: 10/18/23

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 10/18/23

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)
4/24	Cheri Antelo 1276 President Ave Fall River	100.00	
4/24	Bruce Assad 116 Bedford St F.R.	100.00	
4/24	Jose Botelho 884 Cherry St Fall River	100.00	
4/24	Carl Garcia 5 Hickory Ln. Westport Ma	200.00	Small Business Owner
4/24	David Nguyen 3363 Mawn St Tiverton R.I.	200.00	owner of bedding Company
4/24	Jennifer Pombo 73 Fawn Rd Somerset Ma	150.00	
4/24	Don Rego 261 Montauk St Fall River	250.00	retired
4/24	Rodrigues Committee 14 Reason St Westport Ma	100.00	

Line 9: Total Receipts over \$50 (or listed above) 1200.00

Line 10: Total Receipts \$50 and under* (not listed above) 1145.00

Line 11: TOTAL RECEIPTS IN THE PERIOD **2345.00** ← 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
4/24	Doreen Baum		Spice for fundraisers	72. ⁰⁰
7/3	T-mobile		fix campaign ipad	235. ⁰⁰
8/4	Go Daddy		website update	234. ⁰⁰
8/14	Cystinosis Research fund.		fundraiser	400. ⁰⁰
9/6	We love Children		Tickets for fundraiser	90. ⁰⁰
10/13	Ambassadors		supplies for vol. party	52.12
10/14	Godaddy		Renewal for 2024	242. ⁰⁰

Line 12: Total Expenditures over \$50 (or listed above)	1300.12
Line 13: Total Expenditures \$50 and under* (not listed above)	595. ⁰⁰
Line 14: TOTAL EXPENDITURES IN THE PERIOD	1915.12

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 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
4/21	myself	111 W. Ogden St. Fall River Ma	Loan to Campaign	600. ⁰⁰
Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			600. ⁰⁰