



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

1/21/2013

CITY CLERK
FALL RIVER, MA
2013 JUN 22 PM 5:11
RECEIVED

Reporting Period - Beginning: 1/1/2012 Ending: 12/31/2012

Type of report: Year-end

Gabriel Andrade <small>Full Name of Candidate</small>	Gabe Andrade Election Committee <small>Committee Name</small>
School Committee/Fall River <small>Office Sought/ District</small>	Tobias Andrade <small>Name of Committee Treasurer</small>
353 Eldridge St Fall River, MA 02720 <small>Residential Address</small>	353 Eldridge St Fall River, MA 02720 <small>Committee Address</small>

PRIMARY BALANCE INFORMATION

Ending Balance from previous report:	\$897.62
Total receipts this period:	\$0.00
Subtotal:	\$897.62
Total expenditures this period:	\$0.00
Ending Balance:	\$897.62
Unlaid in-kind contributions this period:	\$0.00
Total outstanding liabilities:	\$1,331.64
Name of bank(s) used:	Citizens-Union

Signature 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, reimbursements, 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:
Tobias Andrade 1-21-13

Signature of Candidate (Section 1 Box Only):
Candidate with Committee and no activity independent of the committee
I certify that I have examined this report, and 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, or made any expenditures or 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 and 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, reimbursements, 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:

John T. Andrade 1/21/13

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.

Date	Name and Residential Address	Amount	Occupation and Employe
Total Itemized Receipts		\$0.00	
Total Unitemized Receipts		\$0.00	
Total Receipts		\$0.00	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
Total Itemized Expenditures		\$0.00	
Total Unitemized Expenditures		\$0.00	
Total Expenditures		\$0.00	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
	Total Itemized Inkind Contributions	\$0.00	
	Total Unitemized Inkind Contributions	\$0.00	
	Total Inkind Contributions	\$0.00	

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 the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
10/5/2011	Andrade (Loan), Gabriel 353 Eldridge St Fall River, MA 02711	\$200.00	Loan from candidate
9/9/2011	Andrade (Loan), Gabriel 353 Eldridge St Fall River, MA 02720	\$131.64	Loan from candidate
6/28/2011	Andrade (Loan), Gabriel 353 Eldridge St Fall River, MA 02720	\$1,000.00	Loan from candidate
Total Outstanding Liabilities		\$1,331.64	