



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

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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 Month DATE Year Ending Month DATE Year
JANUARY 1 2014 DECEMBER 31 2014

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

GABRIEL T. ANDRADE
 Full Name of Candidate (if applicable)
SCHOOL COMMITTEE, FALL RIVER
 Office Sought and District
353 ELDRIDGE ST., FALL RIVER
 Residential Address
 Tel. No. (optional)

GABE ANDRADE ELECTION COMMITTEE
 Committee Name
TOBIAS ANDRADE
 Name of Committee Treasurer
353 ELDRIDGE ST., FALL RIVER
 Committee Mailing Address
 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>155.02</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>2,252.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>2,407.02</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>440.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>1,967.02</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>4,281.64</u>
Line 8: Name of bank(s) used	<u>BAYCOAST 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:
Tobias Andrade 1/8/14
 Treasurer's signature (in ink) 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:
Gabriel T. Andrade 1/8/14
 Candidate signature (in ink) Date

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				

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
Line 18: OUTSTANDING LIABILITIES (ALL)				4,281.64

Enter on page 1, line 7

FOR DETAILS, SEE ENCLOSED LIST INSIDE.

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.

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Date	To Whom Due	Amount	Purpose
2/22/2013	Andrade (Loan), Gabriel 353 Eldridge St. Fall River, MA 02720	\$125.00	Loan from candidate
4/2/2013	Andrade (Loan), Gabriel 353 Eldridge St. Fall River, MA 02720	\$40.00	Loan from candidate
11/12/2013	Andrade (Loan), Gabriel 353 Eldridge St. Fall River, MA 02720	\$1,750.00	Loan from candidate
10/5/2011	Andrade (Loan), Gabriel 353 Eldridge St. Fall River, MA 02720	\$200.00	Loan from candidate
10/11/2013	Andrade (Loan), Gabriel 353 Eldridge St. Fall River, MA 02720	\$1,000.00	Loan from candidate
6/28/2011	Andrade (Loan), Gabriel 353 Eldridge St. Fall River, MA 02720	\$1,000.00	Loan from candidate
9/9/2011	Andrade (Loan), Gabriel 353 Eldridge St. Fall River, MA 02720	\$131.64	Loan from candidate
4/4/2013	Andrade (Loan), Gabriel Andrade 353 Eldridge St. Fall River, MA 02720	\$35.00	Loan from candidate
Total Outstanding Liabilities		\$4,281.64	

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CITY CLERK _____
FALL RIVER, MA