



Commonwealth of Massachusetts

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

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2015 JAN 15 A 11:36

CITY CLERK
FALL RIVER, MA

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month 1 Date 1 Year 2014 Ending Month 12 Date 31 Year 2014

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

Leo O Pelletier
Full Name of Candidate (if applicable)
City Council
Office Sought and District
323 Peckham St
Residential Address
Fall River 5086780209
Tel. No. (optional)

Committee To Re Elect Leo O Pelletier
Committee Name
Lisa Obrien
Name of Committee Treasurer
538 Center St Fall River
Committee Mailing Address
7749307142
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:
Line 1: Ending balance from previous report \$ 938.22
Line 2: Total receipts this period (page 2, line 11) \$ 12,650.00
Line 3: Subtotal (line 1 plus line 2) \$ 13,488.00
Line 4: Total expenditures this period (page 3, line 14) \$ 10,415.89
Line 5: Ending balance (line 3 minus line 4) \$ 3,073.00
Line 6: Total in-kind contributions this period (page 4) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 0
Line 8: Name of bank(s) used Bank of America

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...
Signed under the penalties of perjury:
Treasurer's signature (in ink) Lisa O'Brien Date 1-14-14

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...
[] 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...
Signed under the penalties of perjury:
Candidate signature (in ink) Leo O Pelletier Date Jan 14 2015

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.

① OF 4

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)
6/11/14	Aguiar John 50 Sutherland DR Somers	120 00	
6-24-14	ALBERGARIA Miguel 125 Evergreen Ave TIVRI	60 -	
6-18-14	Auilla ED 475 Tower St FR	60 -	
6-25-14	BIZKO Nane the 74 Forge RD Assonet MA	120 -	
★ 5-15-14	Braga Robert PO. Box 2663 FR.	300 -	Cozy Bus Owner
★ 5-15-14	Braga Melissa 236 Washburn St FR	300 -	Cozy Bus Owner
6-25-14	Botelho JOE 884 Cherry St FR.	120 -	
6-25-14	JARED CORTEIC 27 Globe St FR.	120 -	
6-25-14	Chagnon Leona 175 Horton FR	60 -	
5-27-14	COELHO Mike 1861 N Main FR	120 -	
6-19-14	Clarkin James 84 N MAIN ST FR	120 -	
★ 5-19-14	Cory Thomas 389 STAFFORD RD	240 -	Standard Pharmacy Owner
6-17-14	Czapiga Jeff 17 Watoppa Ave TIVRI	120 -	
6-10-14	COMPTON Elect Water MONIZ 122 S Main Rd Rockester MA	60 -	
6-24-14	Construction General Laborer LOCAL 670 Fall River	240 00	Labor Union
Line 9: Total receipts in excess of \$50 (or listed above)		6920 ⁰⁰	
Line 10: Total receipts \$50 and under* (not listed above)		5730 ⁰⁰	
Line 11: TOTAL RECEIPTS IN THE PERIOD		12650 -	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.

* 630.14 Karam Robert
486 Rock St FR. 240.00 OWNER
WSAR

625.14 Karam Jeff
37 Dudley St FR 100.00

620.14 Karam Jimmy
119 meadowbrook Ln
Westport ~~Ma 02790~~ 100.00

7.21.14 Karam Jamal
PO Box 2516 FR. 120.00

7.21.14 Karam Janis 120.00
PO Box 2516 FR

6.25.14 Lapointe LAUNE 60-
38 Gaudelle Dr FR
T

6.25.14 LUCAS Robert 180-
259 Prospect ST FR.

5-19-14 Marchise Franck 180
PO Box 1989 FR

5-24-14 Martin Thomas 120
PO Box 2108 FR

6.24.14 Pat megawo 100-
310 Shore St FR

6.25.14 Mitchell John 120-
312 Florence ST

6.27.14 Moutinho Tammy 60
7 Grandview Ave
Fairhaven

5.22.14 Oliveria Stephen 100-
P.O. Box 123
Assonet Ma 02702

* 6.25.14 Pacheco Kenneth 360
2.63 1/2 Alcauth St
Fall River
Dept
of
City Hall
DPW

6-9-14	DASILVA Victor	P.O. Box 3523 FR.	120.00	
6-24-14	Demelo Gray	8 Fruit ST FR.	60.00	
6-25-14	DONOUAN Jeremiah	16 Bedford ST FR.	120.00	
6-28-14	DREWINIAK Walter	422 Motlaw Rd west	100.00	
6-25-14	Estacio Emilio	P.O. Box 6335 FR.	120.00	
6-25-14	Freeman Daniel	1542 S.M. Fairway	120.00	
6-25-14	Ferland John	P.O. Box 6262 FR.	60-	
6-25-14	Flores Arthur	12 Flores Way FR.	120-	
5-14-14	Gagne Richard	145 Emerald ST FR.	180-	
6-25-14	Gaudette Melvin	38 Gaudette DR FR.	60-	
6-25-14	Getting JO ANN	336 Golf View Rd D Palm Beach FL 33408	60-	
6-25-14	Hague Raymond	30 Detroit ST FR.	60-	
5-26-14	INDYCK STAN	40 Galtier ST FR.	120-	
6-24-14	JOAQUIM WILLIAMO	33 ALPIN ST FR.	120.00	
6-22-14	JPS Realty Trust Joe Silva		240.00	Retired School Teacher

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
8/29/14	Columbus Baseball League	43 Stuziano St	Donation	125 00
11/20/14	Comm. TO ELECT ALAN SILVA	684 Woodman St FR	Tickets / Fundraiser	90
10/22/14	Comm to Elect Charlie Baker	1505 Commonwealth Ave Brighton MA 02135	Tickets Fundraiser	100 00
10/17/14	Com TO Elect David Sternoff	4144 Main FR	Tickets Fundraiser	100 00
10/22/14	Chamber of Commerce	200 Pocasset St FR	Donation	60 00
8/12/14	Comm TO Elect Sen Mike Rodriguez	14 Masson St West	Tickets	75 00
6-26-14	Fall River Herald News	Pocasset St Fall River MA	AdU.	298 54
6-24-14	Fall River Vet. Council	1 Government Out FR	Donation	75 00
11/12/14	Fall River Police mem. Fund	Fall River MA 02721 BPO 74-304 3060	Donation	90 00
11/06/14	Holiday Parade	1 Government CTR Fall River MA	Donation	150 00
8-12-14	Italian Progressive Club	310 Slade FR	Donation	125 00
9-29-14	King Phillip Yacht Club	1 Club St FR	Tickets	225 00
1-9-14	McGoverns	310 Shore St FR	Party	440 00
6-30-14	McGoverns	310 Shore St FR	Party	6000 00
9-15-14	Melissa Anselmi	169 Kennedy St FR	Donation Fundraiser	60 00
6-19-14	Pray For Nelly	207 Buffington FR	Donation / Tickets	60 00
10-30-14	Radio 103.5 Emergency	1 Home St Somerset	AdU	500 00
7-25-14	Stepping Stone	522 Main FR	Donation	100 00
7-2-14	Staples	416 William St Somerville FR	Supplies	185 39
5-21-14	Staples	416 William St Somerville FR	Supplies	70 42
8-18-14	Tribune	202 Bank FR	AdU.	100 00
11-5-14	Tribune	202 Bank FR	AdU	100 00
1-31-14	Tribune	202 Bank FR	AdU	125 00
9-15-14	US Postal Serv.	1460 S Main FR	STAMPS	98 00
Line 12: Expenditures over \$50				9352 35
Line 13: Expenditures \$50 and under*				1063 54
Line 14: TOTAL EXPENDITURES				10,415 89

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
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	