



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2018 Ending Date: Dec 31, 2018

Type of Report: (Check one)

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

Mark Costa
Candidate Full Name (if applicable)

Fall River School Committee
Office Sought and District

343 Kenyon Street, Fall River, MA 02720
Residential Address

E-mail: mcosta13@comcast.net

Phone # (optional): (508) 728-0341

Committee to Elect Mark Csta
Committee Name

Carole Costa
Name of Committee Treasurer

343 Kenyon Street, Fall River, MA 02720
Committee Mailing Address

E-mail: mcosta13@comcast.net

Phone # (optional): (508) 728-0341

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2,037.67
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	2,037.67
Line 4: Total expenditures this period (page 5, line 14)	1,309.34
Line 5: Ending Balance (line 3 minus line 4)	728.33
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: <u>Bank Five</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: Carole Costa (Treasurer's signature) Date: 2-20-19

FOR CANDIDATE FILINGS ONLY: 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: [Signature] (Candidate's signature) Date: 2-20-19

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)
Line 9: Total Receipts over \$50 (or listed above)		0	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		0	

→ 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

Line 9: Total Receipts over \$50 (or listed above)	0
Line 10: Total Receipts \$50 and under* (not listed above)	0
Line 11: TOTAL RECEIPTS IN THE PERIOD	0

→ Enter on page 1, line 2
 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
May 7, 2018	Bishop Connolly	373 Elsbree St. Fall River, MA 02720	Donation	61.49
May 9, 2018	Durfee After Prom	360 Elsbree St. Fall River, MA 02720	Donation	100
Jul 23, 2018	Durfee Athletic Alumni Assoc.	360 Elsbree St. Fall River, MA 02720	Donation	300
Nov 21, 2018	Durfee Grid Iron	360 Elsbree St. Fall River, MA 02720	Donation	100
Feb 6, 2018	Morton Middle PTO	1135 North Main St. Fall River, MA 02720	Donation	100
Dec 10, 2018	Red Parrot	348 Thames St. Newport, RI 02840	Entertainment	158.5
12/20/2018	Silvia School GATE Program	1899 Meridian St. Fall River, MA 02720	Donation	100
Feb 23, 2018	Vietnam Veterans Memorial Wall	PO Box 4210 Fall River, MA 02723	Donation	100
Jan 3, 2018	110 Grill	560 William S. Canning Blvd. Fall River, MA 02721	Inaugural Luncheon	196.57
Line 12: Total Expenditures over \$50 (or listed above)				1,216.56
Line 13: Total Expenditures \$50 and under* (not listed above)				92.78
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,309.34

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

	Line 12: Expenditures over \$50 (or listed above)	
	Line 13: Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 ↓	Line 14: TOTAL EXPENDITURES IN THE PERIOD	

* 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	
Enter on page 1, line 7 ↓				Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0