



# Form CPF M 102: Campaign Finance Report Municipal Form

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Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

2019 NOV -4 P 4: 43

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2019 Ending Date: Oct 18, 2019

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 Costa  
 Committee Name  
 Carole Costa  
 Name of Committee Treasurer  
 343 Kenyon Street, Fall River MA 02720  
 Committee Mailing Address  
 E-mail:  
 Phone # (optional):

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending Balance from previous report	728.33
Line 2: Total receipts this period (page 3, line 11)	3,908
Line 3: Subtotal (line 1 plus line 2)	4,636.33
Line 4: Total expenditures this period (page 5, line 14)	2,789.64
Line 5: Ending Balance (line 3 minus line 4)	1,846.69
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:	Bank Five

**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: Oct 30, 2019

**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: Oct 30, 2019

## 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)
9/15/2019	Bruce Assad 16 Bedford St. Fall River, MA 02720	200	Attorney
9/11/2019	Michelle Borges 431 Whipple St. Fall River, MA 02724	60	
9/15/2019	Jose Botelho 884 Cherry St. Fall River, MA 02720	200	Business Owner/Joe's Carpet
9/15/2019	Robert Curran 24 Bond St. Fall River, MA 02720	60	
9/15/2019	Rebecca Cusick 1528 Highland Ave. Fall River, MA 02720	60	
9/15/2019	Elizabeth Dunn 472 Weetamoe St. Fall River, MA 02720	60	
9/15/2019	John Ferreria 21 Coral St. Fall River, MA 02721	60	
9/15/2019	Nancy Furtado 213 Bullock St. Fall River, MA 02723	60	
9/15/2019	Carole Fiola 307 Archer St. Fall River, MA 02720	100	
9/15/2019	Ken Fiola 307 Archer St. Fall River, MA 02720	100	
9/14/2019	Kristen Gauvin 593 Madison St. Fall River, MA 02720	100	
9/15/2019	Paula Grogan 351 Joseph Dr. Fall River, MA 02720	100	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← 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)
8/23/2019	Jameson Guimond 224 Valentine St. Fall River, MA 02720	100	
9/15/2019	Joshua Hetzler 1441 Stafford Rd. Fall River, MA 02721	120	
9/14/2019	Lebeau's Carpentry 87 Barre St. Fall River, MA 02723	120	
9/15/2019	Stephen Long 1147 Meridian St. Fall River, MA 02720	60	
9/15/2019	Barbara Manning 506 Riverside Dr. Tiverton, RI 02878	60	
8/29/2019	Joseph Marshall 323 Kenyon St. Fall River, MA 02720	100	
9/15/2019	Marc Mollicone 1082 Davol Fall River, MA 02720	200	Laborer
9/15/2019	Joshua Panchley 687 Harvard St. Fall River, MA 02720	100	
9/15/2019	Roland Proulx 237 Third St. Fall River, MA 02721	60	
9/9/2019	Kimberly Raposa 163 Bullock St. Fall River, MA 02721	60	
9/15/2019	Ronald Rusin Jr. 31 Pondhill St. Fall River, MA 02722	100	
9/15/2019	James Santoro 294Archer St. Fall River, MA 02720	60	
9/15/2019	Dennis Silva 1810 Highland Ave. Fall River, MA 02720	60	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← 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

*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)
9/15/2019	Andrea Souza 351 Kenyon St. Fall River, MA 02720	90	
Line 9: Total Receipts over \$50 (or listed above)		2,450	
Line 10: Total Receipts \$50 and under* (not listed above)		1,458	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>3,908</b>	← 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
8/12/2019	Committee to Elect Mike Rodrigues	Westport, MA	donation	100
9/3/2019	Corky Row	602 Third St. Fall River, MA 02721	donation/golf balls for golf tournament	180.78
9/3/2019	Corky Row	602 Third St. Fall River, MA 02721	donation/trophies for golf tournament	68.86
4/12/2019	Fall River Young Marines	5 Water St. Fall River, MA 02722	donation	175
9/20/2019	Scottie's Pub	202 Pleasant St. Fall River, MA 02721	food for fundraiser	600
	South Coast Tribune	Fall River, MA	advertisement	150
9/21/2019	South Coast Tribune	Fall River, MA	advertisement	250
10/23/2019	WSAR	1 Home St. Somerset, MA 02726	radio ads	950
10/23/2019	WSAR	1 Home St. Somerset, MA 02726	radio ads	175
Sep 12, 2019	YEAH	16 Anawan St. Fall River, MA 02721	donation	140
Line 12: Total Expenditures over \$50 (or listed above)				2,789.64
Line 13: Total Expenditures \$50 and under* (not listed above)				0
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>2,789.64</b>

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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				0

\* 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 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	0