



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

2021 OCT 26 A 11:03

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2021 Ending Date: 10/15/2021

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

Collin R. Dias
Candidate Full Name (if applicable)
School Committee
Office Sought and District
560 Ray Street, Fall River, MA 02720
Residential Address
E-mail: CollinD@Aol.com
Phone # (optional): 774-707-6790

Committee to Elect Collin Dias
Committee Name
Sheila Dias
Name of Committee Treasurer
560 Ray St, Fall River, Massachusetts, 02720
Committee Mailing Address
E-mail: CollinD@Aol.com
Phone # (optional): 508-916-8295

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2350</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2350</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1640</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>710</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Rockland Trust</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: Sheila Dias (Treasurer's signature) Date: 10/26/21

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Collin Dias (Candidate's signature) Date: 10/26/21

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)
5/27/21	Collin Dias 02720 560 Ray St, Fall River, MA	300	TARGET, checkout advocate
7/9/21	Collin Dias 560 Ray St. Fall River, MA 02720	300	Target, checkout advocate
8/6/21	Collin Dias 560 Ray St. Fall River, MA 02720	200	Target, checkout advocate
8/20/21	Collin Dias 560 Ray St. Fall River, MA 02720	200	Target, checkout advocate
9/7/21	Collin Dias 560 Ray St. Fall River, MA 02720	300	Target, checkout advocate
9/20/21	Collin Dias 560 Ray St. Fall River, MA 02720	400	Target, checkout advocate
10/4/21	Collin Dias 560 Ray St. Fall River, MA 02720	650	Target, checkout advocate
Line 9: Total Receipts over \$50 (or listed above)		2350	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2350	← 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)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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
6/24/21	Gene St. Pierre	525 Whipple St. Fall River, MA 02721	Ads on The Bottom Line	200
8/24/21	Studio Nine	525 Whipple St. Fall River, MA 02721	Campaign advertisement	400
9/7/21	EXPRESS PRINTING	102 County St. Fall River, MA 02723	SIGN Holders	40
9/7/21	EXPRESS PRINTING	102 County St. Fall River, MA 02723	CAMPAIGN SIGNS	400
9/27/21	WSAR	1 HOLME ST. SOMERSET, MA 02725	Ads for Preliminary Election	600
Line 12: Total Expenditures over \$50 (or listed above)				1600
Line 13: Total Expenditures \$50 and under* (not listed above)				40
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1640

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 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)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	

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 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)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				

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

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

--