



# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

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CITY CLERK  
FALL RIVER, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/16/21 Ending Date: 12/31/21

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, City of Fall River  
Office Sought and District  
560 Ray Street, Fall River, Massachusetts, 02720  
Residential Address  
E-mail: Collind00@aol.com  
Phone # (optional): 7747076790

Committee to Elect Collin Dias  
Committee Name  
Sheila Dias  
Name of Committee Treasurer  
560 Ray Street, Fall River, Massachusetts, 02720  
Committee Mailing Address  
E-mail: Dias1221@aol.com  
Phone # (optional): 5089168295

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	710.00
Line 2: Total receipts this period (page 3, line 11)	2410.00
Line 3: Subtotal (line 1 plus line 2)	3120.00
Line 4: Total expenditures this period (page 5, line 14)	2329.87
Line 5: Ending Balance (line 3 minus line 4)	790.13
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:	ROCKLAND TRUST

**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: 2/1/2022

**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 R. Dias (Candidate's signature) Date: 2/1/22

## 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)
10/19/21	Collin Dias 560 Ray St Fall River, MA 02720	600	Target; Guest Advocate
10/25/21	Collin Dias 560 Ray St Fall River, MA 02720	100	Target; Guest Advocate
10/24/21	Collin Dias 560 Ray St Fall River, MA 02720	450	Target; Guest Advocate
10/29/21	Collin Dias 560 Ray St Fall River, MA 02720	1000	Target; Guest Advocate
11/01/21	Collin Dias 560 Ray St Fall River, MA 02720	100	Target; Guest Advocate
11/05/21	Collin Dias 560 Ray St Fall River, MA 02720	160	Target; Guest Advocate
Line 9: Total Receipts over \$50 (or listed above)		\$2410	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$2410	← 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
10/24/21	WSAR	1 Home St. Somerset, MA 02725	Radio Ads	240.00
10/25/21	Express Printing	102 County St. Fall River, MA 02723	Signs / door knockers	355.94
10/27/21	WSAR	1 Home St. Somerset, MA 02725	Radio Ads	400.00
11/1/21	Friends of Cliff Ponte	2290 Riverside Ave. Somert, MA 02726	Campaign Tickets	100.00
11/3/21	Gatehouse Media	175 Sullys Trail Pittsford, NY 14534	Ads for Herald News	709.93
11/2/21	WSAR	1 HOME ST. SOMERSET, MA 02725	Radio Ads	299.00
11/3/21	Radio Voice of the Emigrante	1 HOME S. SOMERSET, MA 02725	Radio Ads	200.00
<del>11/3/21</del>				
Line 12: Total Expenditures over \$50 (or listed above)				\$2304.87
Line 13: Total Expenditures \$50 and under* (not listed above)				\$25
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$2329.87

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 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)**

**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)	
			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	

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.