



**Form CPF M 102A: Amendment to Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance**

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Report Being Amended: Year: 2021 Reporting Period: Beginning Date: 1/1/21 Ending Date: 10/15/21

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

Melissa Costa Doyle
Candidate Full Name (if applicable)

251 Renaud St. Fall River 02721
Residential Address

Fall River School Committee
Office Sought and District

E-mail: melissaschools2021@yahoo.com

Phone # (optional): 718510-3056

Committee To Elect Melissa Costa Doyle
Committee Name

Lisa Spear
Name of Committee Treasurer

251 Renaud St; Fall River 02721
Committee Mailing Address

E-mail: lspear72@comcast.net

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period	143.68
Line 3: Subtotal	143.68
Line 4: Total expenditures this period	143.68
Line 5: Ending Balance	0
Line 6: Total in-kind contributions this period	0
Line 7: Total (all) outstanding liabilities	0
Line 8: Name of bank(s) used:	_____

2021 DEC - 1 A 10:56
CITY CLERK
FALL RIVER, MA

RECEIVED

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

By accident, an expense was listed as a receipt. Receipt MCD

Signed under the penalties of perjury:

Melissa Costa Doyle
(Candidate's signature) Date: 11/24/21

Signed under the penalties of perjury:

Lisa Spear
(Treasurer's signature) Date: 11/24/21



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: ~~2021 OCT 25~~ Beginning Date: 1/1/21 Ending Date: 10/15/21

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

Melissa Costa Doyle
Candidate Full Name (if applicable)
Fall River School Committee
Office Sought and District
251 Renaud St., Fall River 02721
Residential Address
E-mail: Melissaschools2021@yahoo.com
Phone # (optional): 7185703056

Committee To Elect Melissa Costa Doyle
Committee Name
Lisa Spear
Name of Committee Treasurer
251 Renaud St., Fall River 02721
Committee Mailing Address
E-mail: lspear72@comcast.net
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>143.68</u>
Line 3: Subtotal (line 1 plus line 2)	<u>143.68</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>143.68</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</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:	

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 of or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____

(Treasurer's signature)

Date: 10/24/21

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: _____

(Candidate's signature)

Date: 10/24/21

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)
9/12/21	Vistaprint Melissa Costa Doyle	106. ⁰⁴	Teaching Artist Self
Line 9: Total Receipts over \$50 (or listed above)		106. ⁰⁴	
Line 10: Total Receipts \$50 and under* (not listed above)		37. ⁶⁴	
Line 11: TOTAL RECEIPTS IN THE PERIOD		143. ⁶⁸	← 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 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)	