



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period (Date) Beginning Date: 1/1/21 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

TIMOTHY P. MCCOY
Candidate Full Name (if applicable)
SCHOOL COMMITTEE
Office Sought and District
93 GRATTA ST F.12. MA
Residential Address
E-mail: TIM.MCCOY@FALLRIVER12.ORG
Phone # (optional): 774-301-4901

COMMITTEE TO ELECT TIM MCCOY
Committee Name
ALBERT J. MCCOY
Name of Committee Treasurer
93 GRATTA ST, F.12. MA
Committee Mailing Address
E-mail: _____
Phone # (optional): 508-678-5841

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>255.22</u>
Line 2: Total receipts this period (page 3, line 11)	<u>- 0 -</u>
Line 3: Subtotal (line 1 plus line 2)	<u>255.22</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>255.22</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>- 0 -</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	<u>FALL RIVER MUNICIPAL CREDIT UNION</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: Albert J. McCoy (Treasurer's signature) Date: 1/19/22

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: 1/19/22

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
10/5/21	COMM. TO ELECT CAROL FIDLA	331 ARCHER ST F.R. MA	FUND RAISER	125 ⁰⁰
Line 12: Total Expenditures over \$50 (or listed above)				125 ⁰⁰
Line 13: Total Expenditures \$50 and under* (not listed above)				130.22
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				255.22

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 CITY CLERK
 FALL RIVER MA