



**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: 2023 Reporting Period: Beginning Date: 1/1/23 Ending Date: 10/20/23

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

Collin R. Dias
Candidate Full Name (if applicable)

560 Ray Street, Fall River, Massachusetts, 02720
Residential Address

School Committee, Fall River
Office Sought and District

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 | N/A |
| Line 2: Total receipts this period | 3744 |
| Line 3: Subtotal | 3744 |
| Line 4: Total expenditures this period | 2578.69 |
| Line 5: Ending Balance | 1165.31 |
| Line 6: Total in-kind contributions this period | 100 |
| Line 7: Total (all) outstanding liabilities | 1432.68 |
| Line 8: Name of bank(s) used: | |

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

Previously fixed typo on liabilities page
re submitting signatures non electronically

CITY CLERK
FALL RIVER, MA

2024 JAN 11 P 1:28

RECEIVED

Signed under the penalties of perjury:

Collin Dias
(Candidate's signature)

Date: 1/11/24

Signed under the penalties of perjury:

Sheila Dias
(Treasurer's signature)

Date: 1/11/2024

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) |
|--|---|--------|---|
| 3/15/23 | Bob Smith, 22 Boomer Street, Fall River, MA, 02720 | 300 | Self Employed, Real Estate |
| 3/6/23 | CTE Leo Pelletier, 323 Peckham Street, Fall River, MA, 02724 | 100 | |
| 3/6/23 | Jacqueline Alves, 560 Ray Street, Fall River MA, 02720 | 120 | Retired |
| 3/28/23 | Dan Rapoza, 506 Riverside Drive, Tiverton RI, 02878 | 100 | Retired |
| 3/28/23 | Barbara Laferreire, 56 Bliss Street, Fall River, MA, 02720 | 100 | |
| 3/1/23 | John Garcia, 27 16th Street, Fall River, MA, 02723 | 60 | |
| 3/1/23 | Greg Brillante, 477 Wilson Road, Fall River, MA, 02720 | 60 | |
| 3/1/23 | Roxanne Longstone, 22 Harriet Street, Fall River, MA, 02723 | 60 | |
| 9/30/23 | Dennis Silva, 372 Montgomery Street, Fall River, MA, 02720 | 100 | |
| 8/16/23 | Barbara Laferreire, 56 Bliss Street, Fall River, MA, 02720 | 50 | |
| 8/16/23 | John Garcia, 27 16th Street, Fall River, MA, 02723 | 50 | |
| 8/23/23 | Greg Brillante, 477 Wilson Road, Fall River, MA, 02720 | 50 | |
| 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 A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---|---|--------|---|
| 8/23/23 | William Flanagan, 7 Monroe Court, Fall River, MA, 02720 | 500 | Attorney, Law Office of William Flanagan |
| 8/23/23 | Lou Goncalo, 890 Bedford Street, Fall River, Massachusetts, 02720 | 100 | |
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| Line 9: Total Receipts over \$50 (or listed above) | | 1750 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 1994 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 3744 | ← 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 |
|--|--|--|-------------------------|----------------|
| 03/20/23 | Dunnys | 13 North Main Street, Fall River, Massachusetts, 02720 | Campaign Fundraiser | 1020 |
| 06/20/23 | The Herren Project | 1061 Fish Road, Tiverton, 02878 | Charitable Donation | 150 |
| 07/28/23 | Florentinas Italian Kitchen, | 1833 North Main Street, Fall River, Massachusetts, 02720 | Catering for fundraiser | 458.75 |
| 07/28/23 | Fall River Elks | 4500 North Main Street, Fall River, Massachusetts, 02720 | Venue for fundraiser | 225 |
| 09/08/23 | Fall River Youth Soccer Association | PO Box 1088, Fall River, Massachusetts, 02722 | Charitable Donation | 250 |
| 09/25/2023 | Corky Row Club | 602 Thlrd Street, Fall River, MA, 02721 | Charitable Donation | 135 |
| 09/25/23 | Sons of Italy | 54 Chaveson Street Fall River, MA, 02723 | Charitable Donation | 65 |
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| Line 12: Total Expenditures over \$50 (or listed above) | | | | 2303.75 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 274.94 |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 2578.69 |

* 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 |
|--|--|---------|------------------------|--------|
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| Line 12: Expenditures over \$50 (or listed above) | | | | |
| Line 13: Expenditures \$50 and under* (not listed above) | | | | |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | |

* 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 |
|--|---------------------|---|-----------------------------|-------|
| 10/23/23 | Catherine Sylvia | 36 Downing Street, Fall River MA, 02723 | Chow Mein for fundraiser | 100 |
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| 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 | | | | 100 |

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. Page 6

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 |
|---------------------------|------------------------------|---|---|----------------|
| | COLLIN DIAS (CANDIDATE LOAN) | 560 Ray Street Fall River, Massachusetts, 02720 | | 1432.68 |
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| Enter on page 1, line 7 → | | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | 1432.68 |