



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance *2023 OCT 31 A 9:06*

Commonwealth
of Massachusetts

*CITY CLERK
FALL RIVER, MA*
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2023 Ending Date: 10/20/2023

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, 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: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

N/A

Line 2: Total receipts this period (page 3, line 11)

3744

Line 3: Subtotal (line 1 plus line 2)

3744

Line 4: Total expenditures this period (page 5, line 14)

2578.69

Line 5: Ending Balance (line 3 minus line 4)

1165.31

Line 6: Total in-kind contributions this period (page 6)

100

Line 7: Total (all) outstanding liabilities (page 7)

1462.68

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: Collin R. Dias

(Treasurer's signature)

Date: 10/31/23

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: 10/31/23

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	
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 Third Street, Fall River, MA, 02721	Charitable Donation	135
09/25/23	Sons of Italy	54 Chaveson Street Fall River, MA, 02723	Charitable Donation	65
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)

* 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.

Enter on page 1, line 6 →

Line 17: TOTAL IN-KIND CONTRIBUTIONS

100

* 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.

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)