



Form CPF M 102: Campaign Finance Report
Municipal Form
 Office of Campaign and Political Finance

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Commonwealth of Massachusetts

mcasta13@comcast.net

2017 OCT 30 P 1:30

File with:
 City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
 Reporting Period Beginning: 8 ^{Month} 26 ^{Date} 2017 ^{Year} Ending 10 ^{Month} 20 ^{Date} 2017 ^{Year}

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

Com. to Elect Mark Costa
 Full Name of Candidate (if applicable)
FR School Committee
 Office Sought and District
343 Kenyon St. FR MA
 Residential Address
(508) 728 0341
 Tel. No. (optional)

Com. to Elect Mark Costa
 Committee Name
Carole Costa
 Name of Committee Treasurer
343 Kenyon St. FR MA
 Committee Mailing Address
(508) 728 0341
 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>10.73</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>3300.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>3310.73</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1200.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>2110.73</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>BANK FIVE</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:
Carole A. Costa
 Treasurer's signature (in ink) 10/30/2017
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 signature (in ink) 10/30/17
Date

page 1 of 2 of receipts

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.

This page may be copied 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	Bruce Assad 16A Bedford St. FR MA	200 -	Attorney - self employed
10/19	Jose Botelho 224 Cherry St FR MA	200 -	owner / self employed - JOES Carpet
10/2	Robert Brisson 331 Kenyon St FR MA	80 -	
10/19	Peter Coimbra 700 Shore Dr. FR MA	100 -	
10/4	Linda Camara 260 Horizon Way FR MA	80 -	
10/19	Gregory Costa 21 Kispert Ct. Swansea, MA	80 -	
10/7	Robert Curran 25 Bond St. FR MA	80 -	
10/17	Joe Ferreira / Committee 7 Thomas Dr. Somerset, MA	80 -	
10/19	Candice Fiola / Committee 307 Archer St FR MA	100 -	
10/19	Kenneth Fiola 307 Archer St FR MA	250 -	Exec. Vice President FROED
10/11	Nancy Furtado 213 Bullock St FR MA	80 -	
10/19	Kristen Gaurin 593 Madison St FR MA	80 -	
10/19	John Lapointe 386 Freelove St FR MA	80 -	
10/20	Barbara Manning 506 Riverside Dr. FR MA	80 -	
10/2	Joseph Marshall 323 Kenyon St FR MA	150 -	
Line 9: Total receipts in excess of \$50 (or listed above)			See pg 2 Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* 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

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.

This page may be copied 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	Judy Medeiros 35 Cona. Ave Somerret, MA	80 -	
10/19	Thomas Mendonca 110 Old County Rd Watpona MA	80 -	
10/19	Jody Oliveira 1191 Highland Ave FL MA	100 -	
10/19	Melissa Panchew / committee 687 Harvard St FL MA	100 -	
10/19	Clifford Ponte 1217 Meridian St FL MA	200 -	Real estate agent Keller William / South Watoppa
10/11	Kimberly Raposa 163 Bullock St FL MA	80 -	
10/19	Dennis Silva 45 Hill St Fall River, MA	80 -	
10/19	Brian Saurette 1964 Robeson St FL MA	80 -	
10/19	Steven Souza 267 Hyde St FL MA	80 -	
10/19	Thomas Thronx 230 Leeward Rd FL MA	80 -	
Line 9:	Total receipts in excess of \$50 (or listed above)	2680 -	
Line 10:	Total receipts \$50 and under* (not listed above)	1620 -	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	3300 -	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.

This page may be copied 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		
	Adiogo Piano Bar	207 SOUTH MAIN ST FR MA	Food/Event	1200	—	
				Line 12: Expenditures over \$50	1200	—
				Line 13: Expenditures \$50 and under*	0	—
				Line 14: TOTAL EXPENDITURES	1200	—

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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	0
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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.

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: OUTSTANDING LIABILITIES (ALL)	0