



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Oct 19, 2019 Ending Date: Dec 31, 2019

Type of Report: (Check one)

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

Rebecca Collins
Candidate Full Name (if applicable)

Fall River School Committee
Office Sought and District

501 Harvard St. Fall River, MA 02720
Residential Address

E-mail: RebeccaCollinsCTE@gmail.com

Phone # (optional): 508-294-8744

Committee to Elect Rebecca Collins
Committee Name

Ashley DaCunha
Name of Committee Treasurer

501 Harvard St. Fall River, MA 02720
Committee Mailing Address

E-mail: RebeccaCollinsCTE@gmail.com

Phone # (optional): 508-294-8744

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,129.94
Line 2: Total receipts this period (page 3, line 11)	8,150
Line 3: Subtotal (line 1 plus line 2)	9,279.94
Line 4: Total expenditures this period (page 5, line 14)	6,213.35
Line 5: Ending Balance (line 3 minus line 4)	3,066.59
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	5,000
Line 8: Name of bank(s) used:	Mechanics Cooperative Bank

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: [Signature] (Treasurer's signature) Date: Nov 5, 2020

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: Nov 5, 2020

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)
10/29/2019	Casale-Travassos, Evelina 70 Savoie St. Fall River, MA 02723	165	
10/21/2020	Christ, Nicholas Westport, MA	100	
10/29/2020	Collins, Deborah 35 Aberdeen St. Fall River, MA 02721	110	
10/19/2019	Collins, Francis 71 Starboard Dr. Tiverton, RI 02878	110	
Oct 29, 2019	Collins, Jane 652 Old County Rd. Westport, MA 02790	110	
10/29/2019	DaCunha, Christine 2729 No. Main St. Fall River, MA 02720	110	
10/19/2019	Eccles, William Jr. Somerset, MA 02726	200	Bank President Bank Five
10/29/2019	Ferreira-Bedard, Maria	55	
Oct 29, 2019	Fernandes, Bruce	220	CPA Fernandes & Charest, PC
10/29/2019	Grimes, Deborah	220	Executive VP Mechanics Cooperative Bank
10/29/2020	Harrington, Melissa 3024 No. Main St. Fall River, MA 02720	55	
10/29/2019	Karam, Robert 500 Albany St. Fall River, MA 02720	275	Insurance Agent Karam Financial Group
Line 9: Total Receipts over \$50 (or listed above)		1,730	
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)
10/29/2020	Marques, Connie 142 Norman St. Fall River, MA 02721	110	
10/21/2019	Medeiros, Joan 334 Palmer St. Fall River, MA 02724	100	
10/29/2019	Medici, Lisa 43 Colony Rd. East Providence, RI 02915	55	
10/29/2019	Mercer-Botelho, Linda 2770 N. Main St. Fall River, MA 02720	220	President/Director On Stage Academy
10/21/2019	Oliveira, George 14 Sagamore Rd. Seekonk, MA 02721	55	
10/29/2019	Pacheco, Kristen 23 Massasoit Ave. Swansea, MA	110	
10/29/2019	Pacheco, Philicia 485 Carey St. Somerset, MA 02725	55	
10/29/2019	Panchley, Melissa 687 Harvard St. Fall River, MA 02720	110	
10/29/2019	Phenix, Susan 450 Dillon Ln. Swansea, MA 02777	55	
10/29/2019	Reis Giglio, Dana 151 Chicago St. Fall River, MA 02721	55	
10/21/2019	Rezendes, Kenneth 3 Sammy's Lane Assonet, MA 02702	150	
10/21/2019	Shaker, Jeffrey 3 Carrie Hood Lane Somerset, MA 02726	220	Property Manager Shaker Properties
10/29/2019	Tavares, Chelsea 231 Oliver St. Fall River, MA 02724	55	
Line 9: Total Receipts over \$50 (or listed above)		1,350	
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)
10/29/2019	Tavares, Monica 225 Covell St. Fall River, MA 02723	55	
Oct 29, 2019	Teixeria, Amy 50 Hillside Ave. Tiverton, RI 02878	110	
Oct 29, 2019	Tiebout, Angela 356 New Boston Rd. Fall River, MA 02720	110	
Oct 21, 2019	Collins, Rebecca 501 Harvard St. Fall River, MA 02720	4,000	Candidate President, Collins Construction Co.
Line 9: Total Receipts over \$50 (or listed above)		4,275	
Line 10: Total Receipts \$50 and under* (not listed above)		795	
Line 11: TOTAL RECEIPTS IN THE PERIOD		8,150	← 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
10/28/2019	Committee to Elect Cliff Ponte	1217 Meridian St. Fall River, MA	Donation	120
10/29/2019	Eventbrite	San Fransisco, CA	Fundraising - Ticket Service	242.8
10/28/2019	Narrows Center	16 Anawan St. FallRiver, MA 02721	Fundraising - Venue	250
10/22/2019	Pranzi Catering	10 Rosario Dr. Providence, RI 02909	Fundraising - Caterer	3,535.55
11/5/2019	Signature Signs	833 American Legion Hwy Westport, MA 02790	Advertising	715
11/20/2019	Two Gals Cocktails	8 Sunnyside Ave. Bristol, RI 02809	Fundraising - Caterer	550
10/24/2019	WSAR	1 Home St. Somerset, MA 02725	Advertising	800
Line 12: Total Expenditures over \$50 (or listed above)				6,213.35
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				6,213.35

* 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

Line 12: Expenditures over \$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	

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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			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	0

* 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
9/10/2019	Rebecca Collins	501 Harvard St. Fall River, MA 02720	Campaign Loan	1,000
Oct 21, 2019	Rebecca Collins	501 Harvard St. Fall River, MA 02720	Campaign Loan	4,000
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	5,000