



Commonwealth of Massachusetts

Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE: Full Name: DAVID JAMES FAZZINA
 Residential Address: 105 NORMAN AVE
 City / State / Zip: SOMERSET MA 02726
 E-Mail Address: DAVID JAMES FAZZINA @ GMAIL . COM Phone #: _____
 Party Affiliation: N/A (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: Greater Fall River Vocational School Committee
 District: _____

COMMITTEE: Name of Committee: Committee to Elect David J Fazzina
 (The name of the committee must include the candidate's last name)
 Committee Mailing Address: 105 NORMAN AVE
 City / State / Zip: SOMERSET MA 02726 Phone #: 401-595-1458

OFFICERS:

Chair: <u>SELF</u> Residential Address: _____ City / State / Zip: _____ Phone #: _____	Treasurer*: <u>Kristina Fazzina</u> Residential Address: <u>105 NORMAN AVE</u> City / State / Zip: <u>SOMERSET MA 02726</u> Phone #: <u>401-465-4002</u> Email: <u>Kristina Fazzina @ gmail . com</u> <small>*A public employee may not serve as treasurer of any political committee (see reverse).</small>
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature

Date: 3/26/19

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date: 3/26/19

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Chair's signature

Date: 3/26/19



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2019 Ending Date: 03/21/2019

Type of Report: (Check one)

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

DAVID JAMES FAZZINA
Candidate Full Name (if applicable)

School Committee - Great Falls River District
Office Sought and District

105 NORMAN AVE SUMMIT, MA 02726
Residential Address

E-mail: DAVIDJAMESFAZZINA@GMAIL.COM

Phone # (optional): 401-595-1458

Committee to Elect David J Fazzina
Committee Name

KRISTINA FAZZINA
Name of Committee Treasurer

105 NORMAN AVE SUMMIT, MA 02726
Committee Mailing Address

E-mail: DAVIDJAMESFAZZINA@GMAIL.COM

Phone # (optional): 401-465-4082

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>N/A \$0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$675.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$675.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$531.76</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$143.24</u>
Line 6: Total in-kind contributions this period (page 6)	<u>N/A \$0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>CITIZENS BANK</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: [Signature] (Treasurer's signature) Date: 3/21/19

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: 3/21/19

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)
2/8/19	DIANA P BRUM CARLOS A BRUM 37 SEAWAY ST FALL RIVER, MA 02724	125-	N/A
2/8/19	Robert A LIMA JR 7 MACKAY CT WEST FORT, MA 02790-4848	100-	N/A
2/10/19	Charles & DEE Candel 74 Gibbs ST Somerset, MA 02726	200-	PTA, Home Supervisor / Admin Tech Specialist Gold Medal Bakery / N/A welcome Center
2/10/19	JAMES UPSON 329 STAGE HOOK RD Chatham, MA 02633-2229	200-	School Committee - Chatham PAC Facilitator Cape Cod Tech
2/7/19	MARLEN COONEY 107 Chase St Somerset, MA 02726	50-	Teacher DUNN Regional Voc Tech High School
Line 9: Total Receipts over \$50 (or listed above)		675-	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		675-	← 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.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 3/22/2019 Ending Date: 4/28/2019 File with: City or Town Clerk or Election Commission

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

DAVID JAMES FAZZINA
Candidate Full Name (if applicable)
DMAN School Committee
Office Sought and District
PREVIOUS 105 NAMAN AVE 1985 Conty St Somerset, MA
Residential Address
E-mail: DAVID.JAMES.FAZZINA@gmail.com
Phone # (optional): 401-595-1458

Committee to Elect David J Fazzina
Committee Name
Kristina Fazzina
Name of Committee Treasurer
1985 County St Somerset, MA 02726
Committee Mailing Address
E-mail: DAVID.JAMES.FAZZINA@gmail.com
Phone # (optional): 401-465-4002

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>143.24</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>143.24</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>73.28</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>69.96</u>
Line 6: Total in-kind contributions this period (page 6)	<u>N/A</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>N/A</u>
Line 8: Name of bank(s) used:	<u>CITICORP BANK</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: [Signature] (Treasurer's signature) Date: 5/7/19

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: 5/7/19

