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

Commonwealth of Massachusetts

CITY OF NEW BEDFORD

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2011 SEP 28 AM 8 04

BOARD OF ELECTION COMMISSIONER

Fill in dates:
Reporting Period Beginning (Month, Date, Year) JANUARY 1, 2011 Ending (Month, Date, Year) SEPTEMBER 16, 2011

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

BRIAN K. GOMES
Full Name of Candidate (if applicable)
COUNCILLOR-AT-LARGE
Office Sought and District
66 CLARA ST.
Residential Address
Tel. No. (optional)

1
Committee Name
BRIAN K. GOMES
Name of Committee Treasurer
KATHY T. GOMES
Committee Mailing Address
66 CLARA ST.
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ 462.29
Line 2: Total receipts this period (page 2, line 11)	$ 6,790.00
Line 3: Subtotal (line 1 plus line 2)	$ 7,252.29
Line 4: Total expenditures this period (page 3, line 14)	$ 4,178.55
Line 5: Ending balance (line 3 minus line 4)	$ 3,073.74
Line 6: Total in-kind contributions this period (page 4)	$ 0
Line 7: Total (all) outstanding liabilities (page 4)	$ 4,100.00

Line 8: Name of bank(s) used FIRST CITIZENS FEDERAL CREDIT UNION NEW BEDFORD MA.

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:**

Treasurer's signature (in ink) Kathy Tuite-Gomes Date Sept. 23, 2011

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:**

Brian K. Gomes Sept 23, 2011
Candidate signature (in ink) Date

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)
6-22-11	BRIAN d. ARRUDA 390 UNION ST. N. BEDFORD	100.	00	
6-17-11	JULIO R. BARBOSA 46 BORDEN ST N. BEDFORD	120.	00	
5-31-11	RICHARD BARRY N. BEDFORD	100.	00	
6-10-11	MICHAEL CAMARA P.O. BOX 51583 N. BEDFORD	300.	00	
6-1-11	RICHARD D. CANASTRA 747 HIXVILLE RD. N. DARTMOUTH	100.	00	
6-22-11	ARMANDO C. CARDOSO 854 PINE HILL DR. N. BEDFORD	80	00	
5-19-11	LAZARUS W. CHONGARLIDES 70 NEMASKET PL. N. BEDFORD	80.	00	
6-15-11	PAUL T. COUCCI 83 MOUNT VERNON ST. N. BEDFORD	100.	00	
6-22-11	MELISSA F. CRANE 69 CHERRY BROOK RD. N. BEDFORD	250.	00	VICE. PRESIDENT PEABODY PROPERTIES
5-19-11	EDMOND T. DEBROSS N. BEDFORD	80.	00	
6-22-11	ALBERTO DIAS 284 W. MCCABE ST. N. DARTMOUTH	100.	00	
5-25-11	PAUL C. DOWNEY 8 SNOWFIELDS RD MATTAPOISETT	100.	00	
6-22-11	SCOTT A. DOWNING 74 JAMES ST. N. BEDFORD	80	00	
6-25-11	EXPENITO DUARTE 332 BROOK AVE. N. BEDFORD	80	00	
6-22-11	JESSE W. ST. GELAIS 11 BALSAM BROOK LN. ACUSHNET	80	00	
Line 9: Total receipts in excess of $50 (or listed above)		5490.	00	
Line 10: Total receipts $50 and under* (not listed above)		1,300.	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		6,790	00	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.**

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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)
6-22-11	DAVID J. GERWATOWSKI 56 AGAWAM ST. N. BEDFORD	100.	00	
6-22-11	JOHN T. GIASSON 33 HUSSY ST. N. BEDFORD	80.	00	
6-25-11	ARTHUR GLASSMAN 3540 ACUSHNET AVE. N. BEDFORD	100.	00	
6-22-11	RUTH GLICKSMAN 1550 PADANARAM AVE. N. BEDFORD	80	00	
6-22-11	JEAN H. GOMES 51 DONNY DR. N. BEDFORD	80.	00	
6-7-11	MANUEL A. GOULART 111 S. MAIN ST. ACUSHNET	100.	00	
6-22-11	CONRHAD ST. GELAIS 11 BALSAM BROOK LN. ACUSHNET	200.	00	INSURANCE AGENCY, OWNER
6-20-11	NELSON F. HOCKERT-LOTZ P.O. BOX 40007 N. BEDFORD	80.	00	
6-22-11	JAMES E. HOLDING N. BEDFORD	80.	00	
6-17-11	JOHN M. KALISZ 404 NASH RD. N. BEDFORD	80.	00	
6-6-11	JOHN K. LAVERTY 16 WOODLAWN RD DARTMOUTH	160.	00	
6-22-11	JAMES LEAL 17 PRINCE ST. FAIRHAVEN	80	00	
5-13-11	MICHAEL J. LIVINGSTONE 261 UNION ST. N. BEDFORD	100.	00	
5-18-11	WILLIAM Q. MACLEAN P.O. BOX 230 FAIRHAVEN	100.	00	
5-23-11	JOHN F. McNAMARA 54 GARRISON DR. SCITUATE MA	100.	00	
Line 9: Total receipts in excess of $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.

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Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of $200 or more)
6-16-11	FIDELIO MONTRONO 507 MAIN ST N. BEDFORD	400.	00	STAR CAB OWNER
6-22-11	NEW BEDFORD POLICE UNION P.O. BOX 40068 N. BEDFORD	160	00	
6-17-11	JOAQUIM JACK NOBREGA 18 TREMONT ST. N. BEDFORD	80	00	
6-29-11	ROGER S. POCZE MD 132 ROCK ODUNDEE RD. SO. DARTMOUTH	100.	00	
6-13-11	GEO. ROGERS ROBERSON ST N. BEDFORD	80.	00	
6-22-11	DUARTE D. SILVA 97 LAKE ST. N. BEDFORD	100.	00	
6-22-11	KIMBERLY SAUNDERS N. BEDFORD	80.	00	
6-15-11	JOHN T. SAUNDERS N. BEDFORD	100	00	
6-10-11	RICHARD SIMMONS 43 BRIER ST. N. BEDFORD	80.	00	
6-21-11	KENNETH E. STEEN 26 MOSHER ST. SO. DARTMOUTH	80.	00	
6-22-11	CARLOS TAVEIRA 218 RICHARD ST. SO. DARTMOUTH	120.	00	
6-13-11	ROSEMARY TIERNEY 322 MAPLE ST. N. BEDFORD	80	00	
6-14-11	MARK A. VENTURA 6 SUMMER ST. SO. DARTMOUTH	80.	00	
6-15-11	FRANK VIEIRA 926 SURREY LN. N. BEDFORD	80.	00	
6-21-11	HARRY VON ERTFELDA MD 156 BARNEY S. JOY RD. SO. DARTMOUTH	80.	00	
Line 9: Total receipts in excess of $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.

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Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of $200 or more)
6-7-11	KEVIN WALECKA MD 228 OLD WESTPORT RD N. DARTMOUTH	80	00	
5-23-11	ALEXANDER A. WILN 145 ISLAND ST. STOUGHTON MA	100.	00	
5-25-11	KAREN FISH - WILN 536 GRANITE ST. BRAINTREE MA	100.	00	
6-11-11	RONALD P. YATES 34 STETSON ST. N. BEDFORD	80	00	
D ↑ 7-10-11	THOMAS G. DAVIS P.O. BOX 86 DARTMOUTH	80.	00	
M ↑ 7-8-11	MARK M. MAHONEY 261 PINE GROVE ST N. BEDFORD	80.	00	
Line 9: Total receipts in excess of $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 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	
7-2-11	CAPE VERDEN RECON COMMITTEE	N. BEDFORD	DONATION	100.	00
6-22-11	CENTURY HOUSE	ACUSHNET, MA.	FUND RAISER	2,150.	00
9-12-11	FRANK FOR CONGRESS		DONATION	100	00
9-9-11	HOME DEPOT	DARTMOUTH	WOOD + NAIL AND MATERIALS	115.	07
1-30-11	SPRINT/NEXTEL	P.O. BOX 105243 ATLANTA, GA.	PHONE	126.	11
6-27-11	SPRINT/NEXTEL	" "	PHONE	252.	22
9-2-11	SPRINT/NEXTEL	" "	PHONE	119.	61
5-11-11	PARAGON STAMP WORKS	BROCK AVE N. BEDFORD	PRINTING	112.	09
7-28-11	UNITED NEIGHBORHOOD	N. BEDFORD	DONATION	100.	00

Line 12: Expenditures over $50	3,175	10
Line 13: Expenditures $50 and under*	1,003.	45
Line 14: TOTAL EXPENDITURES	4,178	55

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
		Line 15: In-kind over $50		
		Line 16: In-kind $50 and under		
Enter on page 1, line 6		**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
12/3	RUI VICENTE	NEW BEDFORD	OUT STANDING RENT FOR GARAGE STOREAGE SIGNS	
Enter on page 1, line 7		**Line 18: OUTSTANDING LIABILITIES (ALL)**		4,100,00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.