



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 Please print or type all information, except signatures.

CITY OF NEW BEDFORD

2011 OCT 5 5:07 01

BOARD OF ELECTION COMMISSIONER

Fill in dates:

Reporting Period Beginning Month 1 Date 1 Year 2011 Ending Month 9

Type of report: (Check one)

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

DENIS LAWRENCE JR

Full Name of Candidate (if applicable)

COUNCILLOR AT LARGE

Office Sought and District

23 ELIZABETH ST, NEW BEDFORD

Residential Address

508-993-2113

Tel. No. (optional)

CTE DENIS LAWRENCE JR

Committee Name

STACIE A. LONG

Name of Committee Treasurer

23 ELIZABETH ST, NEW BEDFORD

Committee Mailing Address

508-993-2113

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 1553.60

Line 2: Total receipts this period (page 2, line 11) \$ 10160.00

Line 3: Subtotal (line 1 plus line 2) \$ 7713.60

Line 4: Total expenditures this period (page 3, line 14) \$ 3087.53

Line 5: Ending balance (line 3 minus line 4) \$ 4626.07

Line 6: Total in-kind contributions this period (page 4) \$ 0

Line 7: Total (all) outstanding liabilities (page 4) \$ 0

Line 8: Name of bank(s) used BRISTOL COUNTY SAVINGS 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:

Treasurer's signature (in ink)

Stacie A. Long

9/23/11

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:

Candidate signature (in ink)

[Signature]

9/25/11

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)
8/17/11	NORMAND AUDETTE 61 CARLISLE ST, NEW BEDFORD 02745	80 00	
8/17/11	Peter BARNEY 507 Rockdale AVE, New Bedford 02740	80 00	
8/17/11	John Bewaregard 25 STRATHMORE RD, DARTMOUTH 02747	100 00	
8/17/11	ROBERT BURGESS 4208 Acushnet Ave, New Bedford 02745	80 00	
8/17/11	MICHAEL CAMARA PO BOX 5183 NEW BEDFORD 02745	300 00	WASTE MANAGEMENT
8/17/11	CONST. & GEN. LABORERS # 385 115 ALDEN RD FAIRHAVEN 02719	100 00	
8/17/11	EDWARD CORREIA 16 SOWLE ST, NEW BEDFORD 02745	80 00	
8/17/11	THOMAS DAVIS PO BOX 50 DARTMOUTH 02747	80 00	
8/17/11	CAROLE DAYS 12 WARD ST, NEW BEDFORD 02740	80 00	
8/17/11	SCOTT DOWNING 74 JAMES ST APT 1, NEW BEDFORD 02740	100 00	
8/17/11	LORRAINE DUARTE 368 FREIDA ST, NEW BEDFORD 02744	80 00	
8/17/11	DONALD DUMONT 199 PHILLIPS AVE, NEW BEDFORD 02746	80 00	
8/17/11	JOE EDGENIO 257 AQUIDNECK ST, NEW BEDFORD 02747	200 00	
8/17/11	JAMES FORTIN 6 FOREST LN, DARTMOUTH 02748	80 00	
8/17/11	DAVID GERWATOWSKI 75 BROOKLAWN ST, NEW BEDFORD 02745	80 00	
Line 9: Total receipts in excess of \$50 (or listed above)		4110 00	PAGES (1-3)
Line 10: Total receipts \$50 and under* (not listed above)		2050 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		6160 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.

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, CPF ID# 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)
8/17/11	ARTHUR GLASSMAN 3540 ACUSHNET AVE, NEW BEDFORD 02745	80 00	
8/17/11	EDWARD IACAPONI 106 ALVA ST, NEW BEDFORD 02740	80 00	
8/17/11	ALIZETTE LAGESSE 5 LISBOR LN, WESTPORT 02790	200 00	
8/17/11	JAME LEAL 17 PRINCE ST, FAIRHAVEN 02719	80 00	
8/17/11	MASS. BRICK LAYERS 550 MEDFORD ST, BOSTON 02129	80 00	
8/17/11	MAE NORTHERN NEW ENGLAND LABORERS 7 LABORERS WAY, HOPKINTON 01748	100 00	
8/17/11	MARK MAHONEY 261 PINE GROVE ST, NEW BEDFORD 02745	80 00	
8/17/11	JOHN MARKEY 20 MORELAND TERR., NEW BEDFORD 02740	80 00	
8/17/11	JOANNE MORRA 130 PLYMOUTH ST, NEW BEDFORD 02740	80 00	
8/17/11	NEW BEDFORD FIREFIGHTER LOCAL 811 NEW BEDFORD MA 02740	80 00	
8/17/11	VICTOR PINHEIRO 540 BROOK AVE, NEW BEDFORD 02744	80 00	
8/17/11	DAVID PROVENCHER 1136 OAFEE ST, NEW BEDFORD 02745	80 00	
8/17/11	STEVEN SHAREK 25 RICKETSON ST, DARTMOUTH 02747	80 00	
8/17/11	DELIA SYLVIA 51 CALUMET ST, NEW BEDFORD 02744	100 00	
8/17/11	HORACIO TAVARES 801 PINE HILL DR, NEW BEDFORD 02745	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		6100 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.

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	
3/4/11	ANA LOURENCO	ACUSHNET MA	RELAY FOR LIFE FUNDRAISER	90	00
1/10/11	BJ'S WHOLESALE CLUB	STATE RD DARTMOUTH, MA	OFFICE/ COMPUTER	424	99
2/3/11	BJ'S WHOLESALE CLUB	STATE RD DARTMOUTH, MA	OFFICE SUPPLIES	09	05
8/18/11	D & D CATERERS	NEW BEDFORD, MA	COCKTAIL PARTY/ FUNDRAISER	1007	32
1/9/11	DRI		ONLINE SECURITY/ OFFICE SUPPLY	53	07
2/10/11	DOMINO'S PIZZA	KEMPTON ST NEW BEDFORD	WINSLOW SCHOOL TOUR/ DONATION	50	50
7/25/11	OFFICE MAX	STATE RD DARTMOUTH	OFFICE SUPPLIES FUNDRAISER	54	79
7/5/11	DENIS LAUREL STAPLES	HUTTLESTON AVE FAIRHAVEN, MA	OFFICE SUPPLIES/ FUNDRAISER	80	11
9/10/11	STOP + SHOP	DARTMOUTH ST NEW BEDFORD, MA	GAS PUTTING UP SIGNS	72	00
1/25/11	STAPLES	HUTTLESTON AVE FAIRHAVEN, MA	OFFICE SUPPLIES	09	04
8/15/11	THE HOME DEPOT	STATE RD DARTMOUTH MA	CAMPAIGN SIGN SUPPLIES	120	93
8/22/11	THE HOME DEPOT	STATE RD DARTMOUTH MA	CAMPAIGN SIGN SUPPLIES	78	99
8/22/11	THE HOME DEPOT	STATE RD DARTMOUTH MA	CAMPAIGN SIGN SUPPLIES	80	31
9/10/11	ZETTERION THEATRE	PURCHASE ST NEW BEDFORD MA	"WHAUWHCITY" PREMIERE	69	00
7/22/11	USPS	NEW BEDFORD, MA	POSTAGE	74	28
			Line 12: Expenditures over \$50	2406	38
			Line 13: Expenditures \$50 and under*	681	15
			Line 14: TOTAL EXPENDITURES	3087	53

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	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	②

* 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)	②