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

Commonwealth of Massachusetts

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

CITY OF NEW BEDFORD
2011 OCT 4 PM 1 31
BOARD OF ELECTION COMMISSIONER

Fill in dates: Reporting Period Beginning Month Date Year Ending Month 10 Date 22 Year 11

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

JOAQUIM JACK LIVRAMENTO
Full Name of Candidate (if applicable)
SCHOOL COMMITTE
Office Sought and District
384 PURCHASE ST
Residential Address
N.B. MA 02740
Tel. No. (optional)

COMMITTEE TO ELECT JACK LIVRAMENTO
Committee Name
THEOPHILO M FORTES
Name of Committee Treasurer
384 PURCHASE ST
Committee Mailing Address
N.B. MA 02740
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ 688.59
Line 2: Total receipts this period (page 2, line 11)	$ 110.00
Line 3: Subtotal (line 1 plus line 2)	$ 798.59
Line 4: Total expenditures this period (page 3, line 14)	$ -0-
Line 5: Ending balance (line 3 minus line 4)	$ 798.59
Line 6: Total in-kind contributions this period (page 4)	$
Line 7: Total (all) outstanding liabilities (page 4)	$
Line 8: Name of bank(s) used SOVEREIGN	

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) Theophilo M Fortes 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) Joaquim "Jack" Livramento 4 NOV 2011 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)
9/16/11	DENNIS & JENNIFER GOLDEN	60	00	
Line 9: Total receipts in excess of $50 (or listed above)		60	00	
Line 10: Total receipts $50 and under* (not listed above)		50	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		110	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	

	Line 12: Expenditures over $50		
	Line 13: Expenditures $50 and under*		
Enter on page 1, line 4	**Line 14: TOTAL EXPENDITURES**		

***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
Enter on page 1, line 7		**Line 18: OUTSTANDING LIABILITIES (ALL)**		

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.