



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY OF NEW BEDFORD

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2011 OCT 14 PM 4 29

Fill in dates:

Reporting Period Beginning ^{Month} 01 ^{Date} 01 ^{Year} 2011 Ending ^{Month} 07 ^{Year} 2011
BOARD OF ELECTIONS COMMISSIONER

Type of report: (Check one)

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

James M. Ray

Full Name of Candidate (if applicable)

Councilor - Ward Five

Office Sought and District

359 Union St.

Residential Address

Tel. No. (optional)

Committee to Elect James Ray

Committee Name

Pauline Raeira

Name of Committee Treasurer

90 James Street

Committee Mailing Address

New Bedford, MA 02740

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 0.00
Line 2: Total receipts this period (page 2, line 11)	\$
Line 3: Subtotal (line 1 plus line 2)	\$
Line 4: Total expenditures this period (page 3, line 14)	\$
Line 5: Ending balance (line 3 minus line 4)	\$ 340.55
Line 6: Total in-kind contributions this period (page 4)	\$ 0.00
Line 7: Total (all) outstanding liabilities (page 4)	\$ 0.00
Line 8: Name of bank(s) used	New Bedford Credit Union

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)

Pauline Raeira

Date

10/14/11

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 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)

[Handwritten Signature]

Date

10/14/11

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)
6/13	Caplan, Kara 307 Smithwood Rd. S. Dorrham MA 02748	300 00	Home maker
6/27	Demello, Mary 452 Arnold St. New Bedford MA 02740	260 00	Teacher - NB. Voc-Tech
6/28	Demer, Kathy 1259 Rockdale Ave. New Bedford MA 02740	75 00	
6/27	Hegarty, Kelly 25 Hitching Post Rd. Lateville MA 02727	220 00	Teacher - NB - Voc-Tech
6/27	Malin, Robert 156 Myrtle St. New Bedford MA 02740	328 00	Union St. Bus Co. Payroll clerk.
7/14	Nelson, Sue 489 Wildwood Rd. New Bedford MA 02740	100 00	Bahler - Webster Bank.
6/30	Nowell, Steve Jr 49 Birney Circle Rd. Fairham MA 02719	79 00	Teacher - NB Public Schools
6/30	Nowell, Steve, Sr. 201 Green St. Fairham MA 02719	130 00	Retired Teacher - NB Public Schools
7/14	Meade, Jess C. 209 James St. New Bedford MA 02740	75 00	Teacher - NB Public Schools
6/27	Richards, Emily 30 Lynwood Dr. New Bedford MA 02740	75 00	
7/14	Racine, James 90 James St. New Bedford MA 02740	175 00	
7/20	Whitney, GS 3260 E. Forest Lakes Sarasota FL 34233	130 00	
Line 9: Total receipts in excess of \$50 (or listed above)		1980 00	
Line 10: Total receipts \$50 and under* (not listed above)		1360 35	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3340 35	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
6/14	Office Marts	North Dartmouth MA	Printing	\$ 92 49
6/17	Reimbursement Cynthia Ray	334 Union St New Bedford MA 02740	Reimbursement Food for Campaign Meeting	\$ 69 87
6/11	Reimbursement Cynthia Ray	" "	Reimbursement Campaign Signage	\$ 93 22
6/20	G+B Design	422 Oliver St NB, MA 02745	Banners	\$ 69 00
6/28	Catwalk	34 Union St New Bedford	Fundraiser 7/2 Deposit	\$ 539 78
7/6	Orimmer Bay Graphics	56 Conduit Street NB 02741	Signage	\$ 67 10
7/27	G+B Design	427 Oliver St NB MA 02745	Banners	\$ 69 00
7/29	Alpha Graphics	827 Rockdale NB, MA 02740	Business Cards	\$ 47 08
7/18	Catwalk	34 Union St NB, MA 02740	Balance Fundraiser 7/2	\$ 27 35
6/22	Skysroom	65 Orchard St New Bedford MA 02741	Deposit Fundraiser 7/14	\$ 200 00
7/12	Skysroom	65 Orchard St New Bedford MA 02741	Final Payment Fundraiser 7/14	\$ 200 00
7/14	Savage Design	259 Mt Pleasant NB, MA 02745	Bumper Stickers	92 97
7/11	Orimmer Bay Graphics	72 Cannon St NB, MA 02745	Signage	59 15
7/15	Reimbursement Pauline Reilly	90 Jones St N.B, MA 02745	Banner	63 64
7/30	Reimbursement Cynthia Ray	334 Union St NB, MA 02740	Website	185 39
8/1	Walmart	506 Stone Rd. North Dartmouth MA 02747	Campaign T-shirts, Posters, Printing	126 44
Line 12: Expenditures over \$50				\$ 3242 25
Line 13: Expenditures \$50 and under*				438 65
Line 14: TOTAL EXPENDITURES				\$ 3680 90

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				
Line 17: Total In-kind				

Enter on page 1, line 6

* 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
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7