



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY OF NEW BEDFORD
2011 OCT 4 AM 11:14
BOARD OF ELECTION
COMMISSIONER

File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month 1 Date 1 Year 2011 Ending Month 9 Date 13

Type of report: (Check one)

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

Jill Marie Ussach
Full Name of Candidate (if applicable)
School Committee
Office Sought and District
915 Hathaway Rd. Apt. 202
Residential Address
New Bedford, Ma 02740
508 998-1757 Tel. No. (optional)

Comm. to Elect Jill Marie Ussach
Committee Name
Cheryl M. Cabral
Name of Committee Treasurer
22 Parker St
Committee Mailing Address
New Bedford Ma 02740
508 993-0234 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 66.35

Line 2: Total receipts this period (page 2, line 11) \$ 3350.00

Line 3: Subtotal (line 1 plus line 2) \$ 3416.35

Line 4: Total expenditures this period (page 3, line 14) \$ 2204.52

Line 5: Ending balance (line 3 minus line 4) \$ 1211.83

Line 6: Total in-kind contributions this period (page 4) \$ Interest .51

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

Line 8: Name of bank(s) used St. Anne's 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:

Cheryl M. Cabral Treasurer's signature (in ink) Sept 27, 2011 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:

Jill Marie Ussach Candidate signature (in ink) Sept. 27, 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)
5-12-11	John Comacho 8 Old Brandt Island Rd. Mattapoisett MA	60 00	
5-20-11	Steven G. Ceterich 7 Cluridge Rd. Seekonk, MA 02771	60 00	
5-19-11	Maria Barasa 5 Brookside Dr. Acushnet, MA 02743	60 00	
5-12-11	Steven A. Dersci Old Westport Rd. Dart. MA 02747	60 00	
5-31-11	Janet R. Ferreira 19 Gammas Rd. Acushnet, MA 02743	60 00	
6-5-11	Lawrence J. Finnerty 1135 Beverly St. N.B. MA 02745	60 00	
5-31-11	Linda Ann Huston 906 Lucy St. N.B. MA 02745	60 00	
6-5-11	Karen Ramon 11 Briarwood Rd. Rochester, MA 02770	60 00	
5-11-11	Peter Gardin 157 Deville Rd. Dart. MA 02747	60 00	
5-23-11	Steven K. Machado 49 Granite Ave. N.B. MA 02740	60 00	
5-10-11	Janice Michnowski 43 Shore Dr. Mattapoisett, MA 02739	60 00	
5-11-11	Roger Mayer 56 Timberline Rd. N.B. MA 02745	80 00	
5-27-11	Linda Mello 1026 Lakey St. N.B. MA 02745	60 00	
6-5-11	Bruce Morell 973 Meriden St. F.R. MA 02760	60 00	
Line 9: Total receipts in excess of \$50 (or listed above)		580 00 870 00	372 pg 1450.00
Line 10: Total receipts \$50 and under* (not listed above)		1900 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3350 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 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	

* 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)	