



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 SEP 26 AM 7 49

**Fill in dates:**

Reporting Period Beginning <sup>Month</sup> 01 - <sup>Date</sup> 01 - <sup>Year</sup> 2011

Ending <sup>Month</sup> 09 - <sup>Year</sup> 2011  
BOARD OF ELECTION COMMISSIONER

**Type of report: (Check one)**

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

Adrienne B. Wilkins

Full Name of Candidate (if applicable)

School Committee

Office Sought and District

543 Union Street

Residential Address

New Bedford 02740

Tel. No. (optional)

Committee to Elect Adrienne Wilkins

Committee Name

Scott Lima

Name of Committee Treasurer

543 Union Street

Committee Mailing Address

New Bedford Ma 02740

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$	0
Line 2: Total receipts this period (page 2, line 11)	\$	0
Line 3: Subtotal (line 1 plus line 2)	\$	0
Line 4: Total expenditures this period (page 3, line 14)	\$	0
Line 5: Ending balance (line 3 minus line 4)	\$	0
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		N/A

**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)

Date

9/22/11

**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)

Date

9/22/11

**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)
		0	
Line 9: Total receipts in excess of \$50 (or listed above)		0	
Line 10: Total receipts \$50 and under* (not listed above)		0	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		0	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
				0
			Line 15: In-kind over \$50	0
			Line 16: In-kind \$50 and under	0
			<b>Line 17: Total In-kind</b>	0

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
				0
			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	0

Enter on page 1, line 7



**Form CPF M 101 BQ: STATEMENT OF ORGANIZATION  
BALLOT QUESTION COMMITTEE  
MUNICIPAL FORM**

Commonwealth of  
Massachusetts

Office of Campaign and Political Finance **CITY OF NEW BEDFORD**

File with: City or Town Clerk  
or Election Commission

2011 SEP 26 AM 7 49

Please print or type all information, except signatures **BOARD OF ELECTION  
COMMISSIONER**

NOTICE IS HEREBY GIVEN, in accordance with the provisions of M.G.L. Chapter 55, of the organization of a ballot question committee as follows:

1. Name: Adrienne Wilkins  
(See note 1)

2. Mailing Address: 543 Union St  
New Bedford Ma 02740

3. Purpose/ Specific issues and interests (See note 2) Committee to Elect  
Adrienne Wilkins

4. Topic of question: \_\_\_\_\_  
Question number, if applicable

5. Committee is formed to (check one): support  / oppose \_\_\_\_\_ the question.

6. Officers: 

	<u>Name</u>	<u>Residential Address</u>	<u>City/State/ZIP</u>	<u>Tel. No.</u>
Chairman:	<u>Barbara Carron</u>	<u>94 Records St</u>	<u>New Bedford</u>	
Treasurer:	_____	_____	_____	_____
Other Officer:	_____	_____	_____	_____

Attach additional page, if necessary, with other officers and finance committee, if any.

The chairman and treasurer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election. Chapter 55 also specifies that no expenditures shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents; and, that all the funds of a political committee shall be kept separate from any personal funds of any officers, members or associates of such committee.

**SIGNED UNDER THE PENALTIES OF PERJURY:**

I hereby accept the office of Chairman of the above-named committee:

Barbara Carron 9/24/11  
Chairman's signature Date

I hereby accept the office of treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports. I am aware that an appointed public employee may not serve as treasurer of a ballot question committee.

[Signature] 9/22/11  
Treasurer's signature Date