



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.

2013 OCT 15 AM 8 30

BOARD OF ELECTION

Fill in dates:

Reporting Period Beginning JANUARY 1 ^{Month} 2013 ^{Year} Ending SEPTEMBER 18, ^{Month} 2013 ^{Year}

Type of report: (Check one)

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

BRIAN K. GOMES

Full Name of Candidate (if applicable)

COUNCILLOR-AT-LARGE

Office Sought and District

66 CLARA ST.

Residential Address

Tel. No. (optional)

BRIAN K. GOMES

Committee Name

KATHY T. GOMES

Name of Committee Treasurer

66 CLARA ST.

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>53.93</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>7555.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>7608.93</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>3599.80</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>4009.13</u>

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 FIRST CITIZENS FEDERAL CREDIT UNION
NEW BEDFORD

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)

Kathy T. Gomes

Date

Sept. 29, 2013

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:

Brian K. Gomes

Candidate signature (in ink)

Date

Sept 29, 2013

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)
5-30-13	MICHAEL D. BARRY 28 DAVIS FARM LA, ACUSHNET MA.	100 00	
6-11-13	PETER BERTHAUME 29 ARNOLD ST NB	90 00	
6-12-13	MICHAEL A. CAMARA P.O. BOX 51583 NB.	300 00	ABC DISPOSAL BUSINESS OWNER
6-11-13	KENNETH J. CAMARA 12 ARCHER WAY ACUSHNET	200 00	
6-24-13	CONSTRUCTION + GEN LABORERS UNION 115 ALDEN RD. FAIRHAVEN	180 00	
6-20-13	EDWARD CORREIA 16 SOWLE ST NB	90 00	
5-27-13	THOMAS G. DAVIS PO BOX 86 DARTMOUTH	90 00	
5-8-13	EDMOND T. DEBROSS N. BEDFORD	100 00	
6-11-13	CARL BIZARRO 4 ROCK CRESS LA, ACUSHNET	90 00	
5-29-13	ALBERTO DIAS 284 W. MCCABE ST, N. DARTMOUTH	150 00	
5-6-13	PAUL C. DOWNEY 16 WATER ST. MATTAPAN	100 00	
6-8-13	SCOTT A. DOWLING 74 JAMES ST. NB	90 00	
5-27-13	EXPEDITO QUARTE 309 DARTMOUTH ST NB	90 00	
6-11-13	JOHN P. DURAES 11 MONICAS WAY NB	90 00	
6-11-13	JOSHUA FERNANDES 86 CAMPBELL ST NB	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		5,810 00	
Line 10: Total receipts \$50 and under* (not listed above)		1,915 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		7,555 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 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)
5-1-13	CATHERINE H. FLYNN 46 LAKESIDE AVE, DARTMOUTH	90 00	
6-11-13	FERNANDO GARCIA 53 SNOW ST. NB	90 00	
6-1-13	ARTHUR GLASSMAN 3540 ACUSHNET AVE NB	90 00	
6-11-13	MANUEL A. GOULART 111 S. MAIN ST ACUSHNET	135 00	
5-24-13	JOHN M. KALISZ 404 NASH RD. NB	90 00	
6-10-13	CHRISTOPHER KEARLEY 9 LEDBEVIEW DR, ASSONET	90 00	
5-23-13	JOHN K. LAVERTY DR. 16 WOODLAWN RD. N, DARTMOUTH	315,00	DR. ST LUKE'S HOSPITAL
6-8-13	JAMES R. LEAL 17 PRINCE ST. FAIRHAVEN	90 00	
5-7-13	JOHN G. HARIKOS II NEW BEDFORD	100 00	
5-21-13	MICHAEL J. LIVINGSTONE 261 UNION ST.	100 00	
5-6-13	WILLIAM Q. MACLEAN DR. P.O. BOX 230 FAIRHAVEN	100 00	
7-03-13	MARK M. MAHONEY 261 PINE GROVE ST	100 00	
6-19-13	MASS + NORTHERN NEW ENGLAND LABORERS' DISTRICT COUNCIL HOPKINTON MA.	200 00	
5-31-13	LINDA M. MORAD COMM. 4162 ACUSHNET AVE.	100 00	
6-28-13	NEW BEDFORD FIREFIGHTERS LOCAL 841	90 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			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 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)
6-3-13	NEW BEDFORD POLICE UNION P.O. BOX 40068	100 00	
6-8-13	JOAQUIM JACK NOBREGA 18 TREMONT ST NB	90 00	
5-23-13	ROGER S. ROCZE MD (DARTMOUTH) 535 FAUNCE CORNER RD.	100 00	
6-11-13	MICHELLE A. ROEDERICK 119 HOLYOKE ST NB	90 00	
5-17-13	CHRISTOPHER T. SAUNDERS COMM. NB.	100 00	
5-30-13	JOHN T. SAUNDERS COMM. NB.	100 00	
6-1-13	KRISTEN B. SAUNDERS 344 CORNELL ST. NB.	100 00	
5-25-13	RICHARD SIMMONS 43 BRIER ST NB	90 00	
6-11-13	CARLOS TAUEIRA 36 BARKER ST. N, DARTMOUTH	90 00	
6-10-13	TEAMSTERS LOCAL UNION NO. 59 27 SO 6TH ST. NB.	90 00	
6-11-13	DAVID VERMETTE 968 KEMPTON ST. NB	500 00	BUSINESS OWNER
6-2-13	MARIKA VENTURA MD. 6 SUMMER ST S, DARTMOUTH	90 00	
5-23-13	FRANK VIEIRA 926 SURREY STLA. NB	100 00	
5-30-13	HARRY VONERTFELDER MD 156 BARNEYS JOY RD, DARTMOUTH	90 00	
5-16-13	KEVIN WALECKA N, DARTMOUTH 228 OLD WESTPORT RD	90 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			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

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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)
5-22-13	NORRIS A. WALECKA JR. 202 FARMFIELD CT. FAIRHAVEN	90	00	
5-25-13	RONALD P. YATES 34 STETSON ST. NB	90	00	
9-12-13	DAVID A. GERWATOWSKI 56 AGWAIN ST. NB	100	00	
8-12-13	RALPH A. JOSEPH 80 ALLEN ST. NB.	100.	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				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	
7-6-13	CAPE VERDEAN PARADE	N. BEDFORD	PARADE DONATION	100	00
6-11-13	CENTURY HOUSE	107 SO. MAIN ST ACUSHNET	FUND RAISER	2,668	00
9-13-13	HOME DEPOT	DARTMOUTH	SIGN WOOD AND MATERIALS	192	34
6-11-13	Joy PEREIRA	N. BEDFORD	DR. SERVICE FUND RAISER	125	00
8-12-13	PARAGON STAMP WORKS	293 Brock Ave NB	PRINTING	81	60
8-13-13	SPRINT PHONE	P.O. BOX 105243 ATLANTA GA.	PHONE	282	86
Line 12: Expenditures over \$50				3,449	80
Line 13: Expenditures \$50 and under*				150	00
Line 14: TOTAL EXPENDITURES				3,599	80

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				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
 				
Line 18: OUTSTANDING LIABILITIES (ALL)				0

Enter on page 1, line 7