



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

CITY OF NEW BEDFORD  
2013 JAN 31 AM 10 03

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

**Fill in dates:**

Reporting Period Beginning 1/1/2012 Ending 12/31/2012

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

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

JOE DEMEDERIOS  
Full Name of Candidate (if applicable)

N/A  
Office Sought and District

Residential Address

Tel. No. (optional)

CTE JOE DEMEDERIOS  
Committee Name

ELIZABETH COINBICA  
Name of Committee Treasurer

269 CENTRAL AVE., NB 02745  
Committee Mailing Address

Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>19,654.93</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>31.66</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>19686.59</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>(1090.97)</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>18595.62</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>—</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>1000.00</u>
Line 8: Name of bank(s) used	<u>NEW BEDFORD CREDIT UNION</u>

**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 \_\_\_\_\_

**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) [Signature] Date 1/22/2012

**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.

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>		<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>
<b>Line 9: Total receipts in excess of \$50 (or listed above)</b>				Enter on page 1, line 2
<b>Line 10: Total receipts \$50 and under* (not listed above)</b>				
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>				

\* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.  
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**SCHEDULE B: EXPENDITURES**

<b>Date</b>	<b>To Whom Paid</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>
1/30/12	Sprint	Mobile phone service	\$58.97
4/18/12	Hodgson, Pratt, Pratt & Saunders	2011 tax preparation	\$422.00
5/10/12	Committee to Elect Chris Saunders	political donation	\$100.00
6/1/12	Elizabeth for MA	political donation	\$100.00
8/27/12	Gwendolyn Strong Foundation	charitable donation	\$200.00
10/24/12	Committee to Elect John Saunders	political donation	\$100.00
12/5/12	Committee to Elect Jack Nobrega	political donation	\$100.00
		<b>Expenditures over \$50.00:</b>	<b>\$1,080.97</b>
		<b>Expenditures \$50.00 &amp; under:</b>	<b>\$10.00</b>
		<b>TOTAL EXPENDITURES:</b>	<b>\$1,090.97</b>

**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	
			<b>Line 17: Total In-kind</b>	

\* 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
3/22/11	JOE DIMONDILO		LOAN TO COMMITTEE TO AVOID EARLY w/o FEES ON C.D.	1000 <sup>00</sup>
Enter on page 1, line 7			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	1000 <sup>00</sup>



Commonwealth of Massachusetts

# Form CPF 102ND : Campaign Finance Report Office of Campaign and Political Finance

File with: Director

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

CPF ID# \_\_\_\_\_

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning 1/1/2011 Ending 12/31/2011

Type of report: (Check one)  
 8th day preceding primary  8th day preceding election  year-end report  dissolution  30 days after special election

JOE DeMEDEiros  
Full Name of Candidate  
N/A  
Office Sought/District  
269 CENTRAL AVE  
Residential Address  
Tel. No. (optional)

CITE JOE DeMEDEiros  
Committee Name  
ELIZABETH COMBICA  
Name of Committee Treasurer  
269 CENTRAL AVE  
Committee Mailing Address  
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:	
Line 1: Ending balance from previous report	\$ <u>20730.88</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1189.18</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>21920.06</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>(2265.13)</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>20730.88</u>
Line 6: Total in-kind contributions this period (page 4)	\$ _____
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>1000.00</u>
Line 8: Name of bank(s) used	<u>NEAL BERFORD CREDIT UNION</u>

*19654.93*  
*20*  
*1/22/12*

**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 \_\_\_\_\_

**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, and 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, and 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's signature (in ink) \_\_\_\_\_ Date 1/20/2012





### 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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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
3/22/11	JOE HERNANDEZ	219 CENTRAL AVE, NIS	LOAN TO COMMITTEE TO AVOID EARLY W/O FEES FROM C.D.	1,000.00
Line 18: OUTSTANDING LIABILITIES (ALL)				1,000.00

Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.