



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 JAN 28 AM 7 00

Fill in dates:

Reporting Period Beginning

Month

Date

Year

Ending

Month

Date

Year

1

1

2012

12

31

2012

Type of report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

DENIS LAWRENCE JR

Full Name of Candidate (if applicable)

COUNCILOR AT LARGE

Office Sought and District

23 ELIZABETH ST, NEW BEDFORD

Residential Address

508-993-2113

Tel. No. (optional)

CTE DENIS LAWRENCE JR

Committee Name

STACIE A. LONG

Name of Committee Treasurer

23 ELIZABETH ST, NEW BEDFORD

Committee Mailing Address

508-993-2113

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 5.14

Line 2: Total receipts this period (page 2, line 11) \$ 7711.00

Line 3: Subtotal (line 1 plus line 2) \$ 7716.14

Line 4: Total expenditures this period (page 3, line 14) \$ 4723.40

Line 5: Ending balance (line 3 minus line 4) \$ 2992.08

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 BRISTOL COUNTY SAVINGS BANK

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.

Stacie A. Long
Signed under the penalties of perjury:

1/21/13

Date

Treasurer's signature (in ink)

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.

[Signature]
Signed under the penalties of perjury:

1/21/13

Date

Candidate signature (in ink)

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)
9/10/12	PETER BARNEY 567 ROCKDALE AVE, NB MA	80 00	
9/24/12	JOHN BEAUREGARD 25 STRATHMORE RD, DART. MA	100 00	
9/28/12	LOUIS CARRAL 304 CHURCH ST, TIVERTON RE	100 00	
9/13/12	MICHAEL CAMARA PO BOX 5183 NB MA	500 00	ABC DISPOSAL/ OWNER
9/13/12	LAZARUS CHONGARLIDES 70 NEMASKET PL, NB MA	100 00	
9/13/12	CONST. & GEN LABORERS #385 115 ALDEN RD, FHVN MA	200 00	
10/9/12	EDUARDO CORREIA 10 SOWLE ST, NEW BEDFORD MA	80 00	
8/29/12	EDMOND DEBROSS	100 00	
10/9/12	GINA DEROSI, CTE 224 OLDWESTPORT RD, WESTPORT	80 00	
9/20/12	PAUL DOWNEY 8 SNOWFIELD RD, MATTAPAN MA	100 00	
10/1/12	SCOTT DOWNING 74 JAMES ST APT 1, NEW BEDFORD	80 00	
9/11/12	DONALD DUMONT 199 PHILLIPS AVE NB MA	80 00	
9/5/12	MARION FENICO 30 MONUMENT SQ CHARESTOWN, MA	100 00	
9/13/12	JAMES FORTIN 6 FOREST LANE DART, MA	80 00	
8/31/12	DAVID GERWATOWSKI 56 AGAWAM ST NEW BEDFORD	8100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		5380 00	
Line 10: Total receipts \$50 and under* (not listed above)		2331 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		7711 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.

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/5/12	ARTHUR GLASSMAN 3540 ACUSHNET AVE, NB MA	50 00	
8/27/12	RUTH GLICKSMAN 1550 PADANARAM AVE, NB MA	100 00	
9/28/12	JOAN GREENWELL 304 CHURCH POND DR, TIVERTON, RI	100 00	
9/25/12	SHIRLEY GUERREIRO 285 ORCHARD ST, NB MA	80 00	
9/25/12	CTE TOM HODGSON	80 00	
9/13/12	EDWARD IACAPONI 143 CLARENDON ST, DART MA	80 00	
9/25/12	MICHAEL KHALIFE 19 OLD PIERCE RD, DART MA	400 00	GAS STATION / DETICO MART OWNER
9/16/12	RAYMOND KHALIFE 133 STATE ST NB, MA	80 00	
9/11/12	ALIZETTE LAGESSE 5 LISBOR LN, WESTPORT MA	200 00	CITRENS BANK/ BANKER
8/25/12	MICHAEL LIVINGSTONE 261 UNION ST NB	100 00	
8/25/12	WILLIAM MACLEAN PO BOX 230 FAIRHAVEN, MA	100 00	
9/25/12	MARK MAHONEY 261 PINE GROVE, NB MA	80 00	
9/25/12	JOHN MARLEY 20 MORELAND TERRACE, NB	160 00	
9/17/12	JOANNE MORRA 130 PLYMOUTH ST NB MA	80 00	
10/10/12	GEORGE MOURATDIS 587 TARKIAN HILL RD, NB MA	250 00	PALACE PIZZA/ OWNER
Line 9: Total receipts in excess of \$50 (or listed above)		5380 00	
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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/20/12	N. B. FIREFIGHTERS LOCAL 841 PO BOX 50817 NB MA	80 00	
9/25/12	NB POLICE UNION PO BOX 40008 NB, MA	100 00	
9/19/12	CTE VICTOR PINHEIRO 540 BROCK AVE. NB MA	80 00	
9/20/12	MICHELLE RODERICK 119 HOLYOKE ST, NB MA	80 00	
9/25/12	CTE CHRISTOPHER SAUNDERS 411 COUNTY ST NB, MA	100 00	
9/14/12	CTE JOHN SAUNDERS 344 CORNELL ST, NB MA	100 00	
9/20/12	CHARLES SEQUER 38 BREEM ST, NB MA	80 00	
9/25/12	ERIC SMITH 148 WESTVIEW ST, NB MA	100 00	
9/11/12	SE. MA BUILDING TRADES COUNCIL 554 PLEASANT ST, NB MA	80 00	
9/10/12	DELIA SYLVIA 51 CALUMET ST, NB MA	80 00	
9/25/12	HORACIO TAVARES 861 PINE HILL DR NB, MA	80 00	
9/24/12	FRANK TEDESCO 9 ROCKY PASTURE, GLOUCESTER MA	200 00	ARCHITECT / MT VERNON GROUP
9/25/12	SANDRA TEVES 693 CHURCH ST, NB MA	80 00	
9/19/12	ROSEMARY THIARNEY 322 MAPLE ST, NB MA	80 00	
9/10/12	RAND TORMAN 123 ROCKDALE AVE, NB, MA	80 00	
Line 9: Total receipts in excess of \$50 (or listed above)		5380 00	
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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/4/12	CYNTHIA WALQUIST 3598 ACUSHNET AVE, NB MA	80 00	
9/25/12	BARBARA YATES 34 STETSON ST, NB MA	80 00	
Line 9: Total receipts in excess of \$50 (or listed above)		5380 00	
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Page 2

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	
12/17/12	BEST BUY	DARTMOUTH MA	OFFICE EQUIPMENT	393	11
10/31/12	BJ'S WHOLESALE	460 STATE RD DARTMOUTH MA	HALLOWEEN CANDY / RENEWAL	109	95
12/17/12	BJ'S WHOLESALE	460 STATE RD DARTMOUTH, MA	BULLARD ST DONATION	108.	44
12/24/12	CARDOZA'S	PAUN	OFFICE GIFTS	171	97
10/20/12	CTE JOHN SAUNDERS	344 CORNELL ST N.B. MA 02740	FUNDRAISER DONATION	100	00
10/22/12	CTE KEATING		FUND RAISER DONATION	100.	00
10/30/12	CTE TOM HODGSON		FUNDRAISER DONATION	100	00
10/1/12	D&D CATERES	ASHLEY BLVD NEW BEDFORD MA	FUNDRAISER CATERING	1035	00
12/19/12	DARTMOUTH HIGH THEATRE CO.	RUSSELLS MILLS RD DARTMOUTH, MA	DONATION / AD	75	00
11/19/12	DRAMATIC PUBLISHING	311 WASHINGTON ST WOODSTOCK, IL 60098	RADIO SHOW DONATION	327.	85
12/24/12	FREESTONES	41 WILLIAM ST NEW BEDFORD MA	MARINE WELCOME HOME DINNER	47.	58
12/10/12	HOLY FAMILY HOLY NAME	91 SUMMER ST NEW BEDFORD, MA	RAFFLE DONATION	100	00
12/19/12	RICCARDIS REST.	38 SCOTICUT RD FAIRHAVEN	RADIO THANK YOU DINNER	97	20
10/15/12	STAPES	HUTLESTON AVE FAIRHAVEN, MA	OFFICE EQUIPMENT	235	48
12/4/12	USPS	RENEW BEDFORD MA	POSTAGE	72	00
10/29/12	VOC TECH THEATRE CO.	ASHLEY BLVD NEW BEDFORD, MA	AD / DONATION	100	00
				Line 12: Expenditures over \$50	3173.58
				Line 13: Expenditures \$50 and under*	1549.88
				Line 14: TOTAL EXPENDITURES	4723.46

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
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	0

* 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) 0