



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY OF NEW BEDFORD

2015 JAN 20 PM 3 39

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

BOARD OF ELECTION
COMMISSIONER

Fill in dates:
Reporting Period Beginning Month 1 Date 1 Year 2014 Ending Month 12 Date 31 Year 2014

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

NAOMI R.A. CARNEY
Full Name of Candidate (if applicable)
COUNCILOR AT LARGE
Office Sought and District
16 JENNY LIND ST.
Residential Address
508-993-4599
Tel. No. (optional)

COMMITTEE TO ELECT NAOMI CARNEY
Committee Name
ROGER BRIGHTMAN
Name of Committee Treasurer
116 LINDSEY ST APT 210 N.B.
Committee Mailing Address
508-984-1484
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 224.75
Line 2: Total receipts this period (page 2, line 11) \$ 4820.00
Line 3: Subtotal (line 1 plus line 2) \$ 5044.75
Line 4: Total expenditures this period (page 3, line 14) \$ 3432.19
Line 5: Ending balance (line 3 minus line 4) \$ 1612.56
Line 6: Total in-kind contributions this period (page 4) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 4465.00
Line 8: Name of bank(s) used NEW BEDFORD 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:

Roger W. Brightman
Treasurer's signature (in ink)

1/19/15
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:

Naomi R.A. Carney
Candidate signature (in ink)

1/19/2015
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)
Line 9: Total receipts in excess of \$50 (or listed above)		3850	00	
Line 10: Total receipts \$50 and under* (not listed above)		970	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4820	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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Schedule A : Receipts

Date Received	Last Name	First Name	Address	Amount	Occupation & Employer over 200.00
5/29/2014	Berthiaume CTE	Peter	29 Arnold Place , New Bedford, Ma.02740	80.00	
5/31/2014	Borges	Fernando	PO Box 61417, New Bedford, ma 02746-0417	80.00	
5/31/2014	Bouley	Edward	12 Park Drive, acushnet , Ma 02743	80.00	
5/31/2014	Brown	Ralph	18 Jenny Lind St. New Bedford, Ma.02740	80.00	
7/10/2014	Burgess	Robert	Purchase St. New Bedford, Ma 02745	80.00	
5/29/2014	Cabral	Louis	304 Church Pond Road, Tiverton, RI 02878	100.00	
5/29/2014	Camara	Michael	PO Box 51583, New Bedford, Ma 02745	300.00	Partner Owner ABC Disposal
5/31/2014	Comerford	Ian	93 State St. New Bedford, MA 02740	90.00	
5/3131/31/2014	DeMello	James	117 Hathaway Rd, No. Dartmouth, Ma. 02747	160.00	
5/29/2014	Farland	Christian	555 Lantern Lane, New Bedford, Ma 02740	160.00	
5/29/2014	Gerwatowski	David	56 Agawam St , New Bedford	100.00	
5/31/2014	Gonsalves	Jose	15 Parker Drive, Freetown Ma. 02717	80.00	
5/29/2014	Goulart	Manuel	111 So.Main St. Acushnet, Ma 02743	120.00	
5/31/2014	Haggerty	Kelly	PO box. 167, Westport Point, Ma 02791	80.00	
5/29/2014	Hodgson Comm	Thomas	Hathaway Rd, no Dartmouth, ma 02747	100.00	
5/31/2014	Jackson	Colleen	386 Raymond St. new Bedford, Ma 02745-2617	80.00	
5/29/2014	Lang	Scott	155 Orchard St. New Bedford, Ma 02740	100.00	
5/31/2014	Long	Debra	259 Reed St New Bedford, Ma 02740	80.00	
5/31/2014	Loranger	Richard	36 Ranger Rd. No. Dartmouth, Ma 02747	80.00	
5/31/2014	Mahoney	Mark	261 Pine Grove St. New Bedford, ma 02745	80.00	
5/29/2014	McCoog	Amy	401 Delano Rd. Marion, Ma 02738-1209	160.00	
5/31/2014	Mello	Curtis	651 Orchard st. New Bedford, Ma 02744	80.00	
5/31/2014	Messier	Jeffrey	27 Veranda Ave. Fairhaven, Ma. 02719	80.00	
5/31/2014	Monteiro	Brenda	14 Alberto Dr. Westport Ma. 02790	80.00	
5/31/2014	Monteiro	Rogue	25 Tolland Path, No. Dartmouth, Ma 02747	80.00	
5/31/2014	Morris	Karen	130 Swan St. New Bedford, Ma. 02744	80.00	
5/31/2014	Muse	James	149 Brandt Island Rd Mattapoisett, Ma 02739	100.00	
5/31/2014	Olivera	Lawrence	Eastland Terrace, New Bedford, Ma 02740	80.00	
5/31/2014	Ostiguy	Nelson	426 Valley Rd. New Bedford, Ma 02745	60.00	
5/31/2014	Pinheiro	John	88 Prospect St.So. Dartmouth, Ma 02748	80.00	
5/29/2014	Rafael	Carlos	77 Tucker Lane, No Dartmouth, Ma. 02747 <i>CARLOS SEAFOOD</i>	400.00	Owner Seafood Processing
5/29/2014	Ross	Ernest	280 W. Rodney french Blvd. New Bedford, Ma 02744-1422	120.00	
5/31/2014	Salgado	Jamie	779 Russells Mills Rd. Dartmouth Ma. 02744	80.00	
5/29/2014	Wainer	Henry	2301 Purchase St. New Bedford, Ma. 02745	100.00	
5/29/2014	White	Mark	867 Middle Rd, Acshnet, Ma 02743	160.00	
	Line 9:	Total	receipts in excess of \$50 (or Listed above)	3,850.00	
	Line 10:	Total	receipts \$50 and under (not listed above)	970.00	
	Line 11:	TOTAL	RECEIPTS IN THE PERIOD	4,820.00	

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	0
			Line 16: In-kind \$50 and under	0
			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)	4465.00

Enter on page 1, line 7

