



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF NEW BEDFORD
2015 JAN 29 19/2015 PM 12 14
BOARD OF ELECTION COMMISSIONER

File with: City or Town Clerk or Election Commission

Reporting Period - Beginning: 1/1/2014 Ending: 12/31/2014

Type of report: Year-end

Table with 2 columns: Candidate Information (Jane Gonsalves) and Committee Information (Committee to Elect Jane Gonsalves). Includes names, offices, and residential addresses.

SUMMARY BALANCE INFORMATION

Summary of financial data: Ending Balance from previous report (\$1,512.18), Total receipts (\$0.00), Subtotal (\$1,512.18), Total expenditures (\$87.72), Ending Balance (\$1,424.46), Total in-kind contributions (\$0.00), Total outstanding liabilities (\$0.00). Bank 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...

Signed under the penalties of perjury:

Handwritten signature of Deborah Baker

Handwritten date: 1/18/15

Treasurer's signature (in ink)

Date

Affidavit of Candidate (check 1 box only) :

[X] 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...

[] 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...

Signed under the penalties of perjury:

Handwritten signature of Jane Gonsalves

Handwritten date: 1/18/15

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.

Date	Name and Residential Address	Amount	Occupation and Employer
		\$0.00	
		\$0.00	
		\$0.00	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
2/5/2014	Sprint P.O. Box 541023 Los Angeles, CA 90054	\$87.72	Cell Phone
Total Itemized Expenditures		\$87.72	
Total Unitemized Expenditures		\$0.00	
Total Expenditures		\$87.72	

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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
	Total Itemized In-kind Contributions	\$0.00	
	Total Unitemized In-kind Contributions	\$0.00	
	Total In-kind Contributions	\$0.00	

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 the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
Total Outstanding Liabilities		\$0.00	