



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with:  
City or Town Clerk or Election Commission

CITY CLERK  
FALL RIVER, MA

Please print or type all information, except signatures.

| Fill in dates:             | Month | Date | Year | Month  | Date | Year    |
|----------------------------|-------|------|------|--------|------|---------|
| 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

Joseph O (Joe) Camara  
Full Name of Candidate (if applicable)

Fall River City Council  
Office Sought and District

60 Montgomery St  
Residential Address

Tel. No. (optional)

Committee To Elect Joe Camara  
Committee Name

GARY MICHAEL  
Name of Committee Treasurer

60 Montgomery St  
Committee Mailing Address

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

|  |                               |
|--|-------------------------------|
| Line 1: Ending balance from previous report              | \$ 3978.35                    |
| Line 2: Total receipts this period (page 2, line 11)     | \$ 9030.00                    |
| Line 3: Subtotal (line 1 plus line 2)                    | \$ 13,008.35                  |
| Line 4: Total expenditures this period (page 3, line 14) | \$ 8,777.78                   |
| Line 5: Ending balance (line 3 minus line 4)             | \$ 4,230.57                   |
| 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                             | <u>St. Annes 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:

Gary Michael  
Treasurer's signature (in ink)

1-22-2013  
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:

Joseph P. Camara  
Candidate signature (in ink)

1-22-2013  
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) |
|--|--|---------|--|
| 10/29/12   | KARL HETZLER<br>195 N. Ogden St. Fall River Ma.              | 150. -  |  |
| 10/18/12   | WALTER DREUMINK JR.<br>422 Mohawk Dr Westport MA.            | 60. -   |  |
| 10/10/12   | GILBERT VICARIO<br>31 Country Club Blvd Dartmouth MA         | 250. -  |  |
| 10/24/12   | FAITH LATESSA<br>119 Wyola Rd Swansea MA.                    | 240. -  | Tour TAXI  |
| 8/30/12  | CARL CONCEIA<br>Portsmouth RI                                | 300. -  | CARL'S COLLISION   |
| 10/24/12   | Kenneth Pacheco<br>263 Hyacinth St. Fall River MA            | 300. -  | City of Fall River   |
| 10/25/12   | Ronald Costiano<br>46 BAVARIAN way Kingston MA.              | 100. -  |  |
| 10/23/12   | Richard Almeida<br>1463 Reed St. Somerset MA.                | 100. -  |  |
| 10/24/12   | VICTOR FERNANDES<br>New Bedford MA.                          | 500. -  | Fernandes Masonary   |
| 10/25/12   | Robert Courcy<br>CATAUMET MA.                                | 500. -  | Info Requested   |
| 10/10/12   | Robert H. Fourny<br>Montgomery Circle Fall River, MA.        | 300. -  | Developer  |
| 9/28/12  | Richard Torres<br>43 Cedar Cove Ln Swansea, MA.              | 300. -  |  |
| 10/24/12   | Tony Luizinho<br>Berkley MA.                                 | 300. -  | Info Requested   |
| 10/26/12   | Allen Tarabochi JR.<br>Swansea MA.                           | 500. -  | Info Requested   |
| 10/9/12  | RATIV NEHRA<br>1364 Robeson St. Fall River MA.               | 500. -  | Doctor   |
| Line 9: Total receipts in excess of \$50 (or listed above) |  | 7560. - |  |
| Line 10: Total receipts \$50 and under* (not listed above) |  | 1470. - |  |
| Line 11: TOTAL RECEIPTS IN THE PERIOD                      |  | 9030. - | 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<br>(alphabetical listing) | Address    | Purpose of Expenditure | Amount  |    |
|-----------|--|------------|------------------------|---|----|
| 7/28/12   | Vo2 Do Emigrante                       | Somerset   | Radio Ad               | 350.  | -  |
| 8/2/12    | Prince Henry Society                   | Fall River | Donation               | 50.   | -  |
| 8/17/12   | Kids world                             | Fall River | Donation               | 50.   | -  |
| 8/25/12   | STaples                                | Fall River | Supplies               | 270.  | 11 |
| 9-22-12   | Calvary United<br>Presbyterian Church  | Fall River | Donation               | 60.   | -  |
| 10/3/12   | Overseas women's<br>Basketball         | Boston     | Donation               | 125.  | -  |
| 10/19/12  | Fall River<br>Police Memorial          | Fall River | Donation               | 50.   | -  |
| 10/24/12  | South Coast<br>Hospital Group          | Fall River | Donation               | 70.   | -  |
| 11/1/12   | Fall River Boys +<br>Girls Club        | Fall River | Donation               | 100.  | -  |
| 11/8/12   | Beira ALTA<br>Restaurante              | Fall River | Dinner Party           | 3827.   | -  |
| 11/12/12  | Holy Name<br>School                    | Fall River | Donation               | 100.  | -  |
| 11/14/12  | Dunfee Hitop<br>Athletic Foundation    | Fall River | Donation               | 70.   | -  |
| 12-11-12  | USAAR                                  | Somerset   | Radio Ad               | 48.   | -  |
| 12-12-12  | Herald News Holiday Fund               | Fall River | Donation               | 100.  | -  |
| 12-13-12  | Santo Cristo<br>Church                 | Fall River | Donation               | 50.   | -  |
| 12-10-12  | Sharing A Blessing                     | Fall River | Donation               | 200.  | -  |
| 12-19-12  | C.F.C.                                 | Fall River | Donation               | 50.   | -  |
|           |  |            |                        | Line 12: Expenditures over \$50                 |    |
|           |  |            |                        | Line 13: Expenditures \$50 and under*           |    |
|           |  |            |                        | Line 14: TOTAL EXPENDITURES <del>8777.</del> 78 |    |

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 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) |
|--|--|--------|--|
| 10/22/12   | Joseph Shaker<br>Montgomery St. Fall River MA.               | 50. -  |  |
| 10/3/12  | Jody Oliveira<br>1191 Highland Ave Fall River MA.            | 500. - | Info Requested   |
| 10/25/12   | Richard MATeus<br>109 Angus St. Somerset MA.                 | 500. - | Prima Care   |
| 10/18/12   | Lisa ESTEEN<br>Fall River MA.                                | 500. - | Info Requested   |
| 10/24/12   | Paul ALves<br>N. Dartmouth MA.                               | 500. - | Lighthouse Masonary  |
| 10/5/12  | John FARRISsey<br>942 County St. Somerset MA.                | 150. - | ATTORNEY at LAW  |
| 10/3/12  | Robert KARAM<br>Albany St. Fall River MA.                    | 100. - |  |
| 10/4/12  | WALTER FRAZE<br>Robeson St. Fall River MA.                   | 150. - |  |
| 10/23/12   | Monique Lopes<br>18 Edgewood St. S. Dartmouth MA.            | 150. - |  |
| 10/24/12   | Tom Gosselin<br>894 Robeson St. Fall River MA.               | 100. - |  |
| 10/24/12   | Michael Debuque<br>524 Mt Pleasant St. Fall River MA.        | 120. - |  |
| 10/23/12   | Fred BEAUDry<br>298 Charles St. Fall River MA.               | 150. - |  |
| 10/11/12   | Dan O'Connell<br>Riverside St. Fall River MA.                | 180. - |  |
|  |  |        |  |
|  |  |        |  |
| 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<br>(alphabetical listing)      | Address            | Purpose of Expenditure | Amount |    |
|---------------------------------------|---|--------------------|------------------------|--------|----|
| 1/3/12                                | Staples                                     | Fall River         | Supplies               | 122.   | 67 |
| 1/12/12                               | The Tribune                                 | Fall River         | Newspaper ad           | 75.    | -  |
| 1/24/12                               | Holy Name School                            | Fall River         | Donation               | 50.    | -  |
| 2/22/12                               | Joseph CAMARA                               | 660 Montgomery st. | Pay Back To Loan       | 2,000. | -  |
| 2/29/12                               | Forever Paws                                | Fall River         | Donation               | 50.    | -  |
| 3/7/12                                | O Journal<br>Newspaper                      | Fall River         | Newspaper ad           | 205.   | -  |
| 3/12/12                               | Fall River youth<br>SOCCER                  | Fall River         | Donation               | 175.   | -  |
| 3/14/12                               | CREDIT FOR LIFE                             | Fall River         | Donation               | 50.    | -  |
| 3/29/12                               | Diman High School                           | Fall River         | Donation               | 35.    | -  |
| 4-27-12                               | Wish Come True                              |                    | Donation               | 155.   | -  |
| 5/2/12                                | Post MASTER                                 | Fall River         | STAMPS                 | 45.    | -  |
| 5-2-12                                | DPAC AFTER PROM                             | Fall River         | Donation               | 100.   | -  |
| 4-28-12                               | Our Lady of Light<br>Scholarship Foundation | Fall River         | Donation               | 25.    | -  |
| 5/19/12                               | FALL RIVER PATROLMAN                        | FALL RIVER         | DONATION               | 25.    | -  |
| 5-22-12                               | Tom MURRAY<br>Committee                     |                    | Donation               | 75.    | -  |
| 6-14-12                               | Kids Kicking Cancer                         |                    | Donation               | 20.    | -  |
| Line 12: Expenditures over \$50       |   |                    |                        |        |    |
| Line 13: Expenditures \$50 and under* |   |                    |                        |        |    |
| Line 14: TOTAL EXPENDITURES           |   |                    |                        | 8777.  | 88 |

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