



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

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2015 JAN 20 A 9:33

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:
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 [X] year-end report dissolution

Joseph D (Joe) Camara
Full Name of Candidate (if applicable)
Fall River City Council
Office Sought and District
260 Montgomery St.
Residential Address
Tel. No. (optional)

Committee To Elect Joe Camara
Committee Name
Gary Michael
Name of Committee Treasurer
260 Montgomery St.
Committee Mailing Address
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 5,291.34
Line 2: Total receipts this period (page 2, line 11) \$ 3,075.-
Line 3: Subtotal (line 1 plus line 2) \$ 12,766.34
Line 4: Total expenditures this period (page 3, line 14) \$ 6,156.23
Line 5: Ending balance (line 3 minus line 4) \$ 6,210.11
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 Rockland Trust

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)

1-17-2015
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 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 D Camara
Candidate signature (in ink)

1-17-2015
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)
10-28-14	Shirley Almeida 1353 Robeson St. Fall River	500.00	Primo-Care
11-4-14	Richard Mateus 109 Angus St. Somerset	500.00	Primo-Care
10-20-14	Cindy Audette 503 Highland Ave Fall River	500.00	
10-8-14	Thomas St Pierre 1250 Meridian St. Fall River	300.00	Owner Family Homes Construction
11-16-14	Robert McFowry 224 Montgomery Circle Fall River	300.00	McFowry Construction Owner
10-30-14	Frederick Beaudry 298 Charles St. Fall River	250.00	Owner Nick's Hot Dog
10-20-14	Ron Rusin PO Box 423 Fall River	250.00	Owner Re Max Real Estate
10-29-14	Paul Alves 150 John Versteeg Blvd New Bedford	250.00	Light House Mason
10-30-14	Daniel Silva 167 Hyacinth St. Fall River	250.00	Century Paving Owner
10-30-14	Victor Fernandes 404 Middle Rd. Acushnet	250.00	Fernandes Mason
10-24-14	Stanley Webb 275 Hawthorn St. New Bedford	250.00	NewTel Industries
10-22-14	Raven Nchere 1364 Robeson St. Fall River	250.00	Dr. Nchere OFFICE
10-30-14	Richard Torres 43 Cedar Cove Ln Swansea	250.00	Fall River Hyundai Owner
10-17-14	Pauline Lally 3 Anderson way Lakeville	200.00	
10-8-14	Carl Garcia 1581 Bay St. Fall River	150.00	
Line 9: Total receipts in excess of \$50 (or listed above)		7075.00	
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		7075.00	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.

### SCHEDULE A: RECEIPTS

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-25-14	Jose Pacheco 411 Columbia St. Fall River	125. -	
10-4-14	Thomas Martin 785 N. Main St. Fall River	100. -	
10-25-14	Daniel O Connell 146 River Rd. Fall River	100. -	
10-8-14	Jeanette Sahady 269 Dunbar St. Fall River	75. -	
10-12-14	George Chaves 729 N. Eastern Ave Fall River	75. -	
10-1-14	Mitchell Sweet III 88 Knappman Rd. Somerset	50. -	
10-30-14	Michael Oliveira 71 Waring St. Fall River	50. -	
10-2-14	Arsenio Sousa 109 Cook St. Fall River	50. -	
10-30-14	Susan Heelen 195 N. Cydon St. Fall River	250. -	H & S Tools Owner
10-20-14	Faith LaPissa 119 Wyola Rd. Swansea	250. -	Town Taxi Owner
10-22-14	Tody Oliveira 1191 Highland Ave Fall River	500. -	Owner Oliveira Insurance
10-21-14	Barbara Tarabek 103 Washington Dr. Sarasota FL	500. -	Retired
11-2-14	Shaken Shaken 1786 Locus St. Fall River	50. -	
10-27-14	Tony Lwinho Beckley MA.	300. -	Factory of Fearon
10-30-14	William Mc Donald 116 Queens Blvd. Forest Hills NY.	100. -	
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 (alphabetical listing)	Address	Purpose of Expenditure	Amount	
1-6-14	McCoveens Restaurant	Stone St. Fall River	Political Inaugural Brunch	132.	-
2-3-14	Quincy Institute of Tech	Boston, MA.	Donation	100.	-
2-11-14	Foreign Paws	Fall River	Donation	25.	-
2-27-14	Credit For Life	Fall River	Donation	50.	-
2-27-14	Credit For Life	Fall River	Donation	90.	-
2-28-14	Team Noah Foundation	New Bedford	Donation	100.	-
3-23-14	Durfee High School AFTER Prom	Fall River	Donation	100.	-
3-23-14	Durfee Parent Advisory Council	Fall River	Donation	100.	-
4-12-14	Durfee High School	Fall River	Donation	40.	-
4-20-14	Niagara Neighborhood Association	Fall River	Donation	25.	-
4-22-14	Wish Come True	Fall River	Donation	26.	-
4-30-14	Ride To Remember	Fall River	Donation	25.	00
5-14-14	Durfee AFTER Prom	Fall River	Donation	40.	-
5-28-14	Hilland Neighborhood Association	Fall River	Donation	100.	-
5-30-14	Prima Care Scholarship Foundation	Fall River	Donation	600.	-
5-30-14	Relay For Life	Fall River	Donation	50.	-
Line 12: Expenditures over \$50				5,401.	74
Line 13: Expenditures \$50 and under*				754.	49
<b>Line 14: TOTAL EXPENDITURES</b>				<b>6,156.</b>	<b>23</b>

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 B: EXPENDITURES**

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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	
6-1-14	Tiberio Melo Dunfee Soccer Team	Fall River	Donation	25.	-
6-9-14	The National MS Society	Fall River	Donation	25.	-
6-18-14	Hilltoppen Basketball Fractory	Fall River	Donation	50.	-
7-22-14	Global Glass C.D. REC	Fall River	Replace Broken Glass	50.	-
8-7-14	Holiday Fund	Fall River	Donation	40.	-
8-30-14	US Postal Service	Fall River	Stamps	49.	49
9-21-14	We Love Children	Fall River	Donation	25.	-
10-11-14	Fall River Sons of Italy	Fall River	Donation	70.	-
10-14-14	The Salvation Army	Fall River	Donation	300.	-
10-19-14	Day of Portugal	Fall River	Donation	260.	-
10-18-14	Dunfee High School 5K Race	Fall River	Donation	50.	-
11-1-14	Boys & Girls Club Fall River	Fall River	Donation	250.	-
11-3-14	Beinn A'Ua Rest	Fall River	Campaign Fund Raiser	2210.	-
11-8-14	Fall River Police Memorial	Fall River	Donation	30.	-
11-14-14	St Anthony Band Club	Fall River	Donation	25.	-
11-18-14	Dunfee Hilltop Athletic Foundation	Fall River	Donation	140.	-
Line 12: Expenditures over \$50					
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES					

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
		N/A		
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
		N/A		
Line 18: OUTSTANDING LIABILITIES (ALL)				0

Enter on page 1, line 7