



Commonwealth  
of Massachusetts

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

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City or Town Clerk or Election Commission

1/17/2015

2015 JAN 20 A 9:52

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

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

Type of Report: Year-end

Joshua Fonte

Full Name of Candidate

City Council

Office Sought/ District

116 Meeson St.  
Fall River, MA 02724

Residential Address

Committee to Elect Joshua Fonte

Committee Name

Doreen Arruda

Name of Committee Treasurer

50 Clark St.  
Fall River, MA 02720

Committee Address

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$0.00
Total receipts this period:	\$3,030.00
Subtotal:	\$3,030.00
Total expenditures this period:	\$1,971.12
Ending Balance:	\$1,058.88
Total inkind contributions this period:	\$11.99
Total outstanding liabilities:	\$100.00
Name of Bank Used:	Bank of America

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, inkind 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:

Doreen Arruda  
Treasurer's signature (in ink)

1-17-2014  
Date

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, and 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 and 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, inkind 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:

Joshua Fonte  
Candidate's 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.

Date	Name and Residential Address	Amount	Occupation and Employer
12/20/2014	Almeida, Deborah 287 Bark St Swansea, MA 02777	\$35.00	Bristol County Da
12/20/2014	Botelho, Daniel 126 Buffinton St Fall River, MA 02721	\$35.00	Financial Analyst Southcoast Hospital Gr
12/20/2014	Camara, Robert 126 Gagnon St Fall River, MA 02723	\$35.00	Retired
12/12/2014	Cordeiro, Anthony 171 Pleasant St Fall River, MA 02721	\$100.00	Self Employed Cordeiro Insurance
12/7/2014	Desmarais, Melissa 93 Warren St Fall River, MA 02721	\$70.00	Letter Sent Letter Sent
12/20/2014	El-Far, Ruth 900 Pleasant St Somerset, MA 02726	\$35.00	Customer Service Poland Spring
11/10/2014	Fonte (Loan), Joshua 116 Meeson St. Fall River, MA 02724	\$100.00	Inside Sales Wynnwater
12/10/2014	Khoury, Michael 221 College Hill Rd Fall River, MA 02720	\$350.00	Self Employed Khoury Excavating
12/7/2014	Lee, Trottjoseph 70 Orange St Fall River, MA 02720	\$70.00	Student
12/9/2014	Louis, Claudia 1 Cedar Lane Westport, MA 02790	\$70.00	Insurance Adj Traveler's Insurance
12/15/2014	Medeiros, Fatima 33 Waring St Fall River, MA 02720	\$70.00	Registered Nurse / Off Prima-Care
12/31/2014	Mouded, Majed 289 Pleasant St Fall River, MA 02721	\$500.00	Physician Prima-Care
12/20/2014	Pereira Committee 99 North Ogden Street Fall River, MA 02723 14854	\$70.00	
12/20/2014	Rego, Daniel 361 Montaup St Fall River, MA 02724	\$100.00	City Councillor City of Fall River
12/20/2014	Silvia, Alan 684 Woodman St Fall River, MA 02724	\$35.00	State Representative Commonwealth of Massac
<b>Total Itemized Receipts:</b>		<b>\$1,675.00</b>	
<b>Total Unitemized Receipts:</b>		<b>\$1,355.00</b>	
<b>Total Receipts:</b>		<b>\$3,030.00</b>	

## 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
12/15/2014	Bank of America 87 Mariano S. Bishop Blvd Fall River, MA 02720	\$27.10	Bank fee
12/31/2014	Ferry, Cj 300 Buffinton St. Fall River, MA 02721	\$69.06	Reimbursement (See R1)
12/20/2014	McGovern's Restaurant 310 Shaw St. Fall River, MA 02724	\$1,874.96	Fundraiser
Total Itemized Expenditures:		\$1,971.12	
Total Unitemized Expenditures:		\$0.00	
Total Expenditures:		\$1,971.12	

## Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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
11/4/2014	Ferry, Cj 300 Buffinton St Fall River, MA 02721	\$11.99	Domain Registration Registered Nurse / TV Self

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Total Itemized Inkind Contributions:	\$11.99
Total Unitemized Inkind Contributions:	\$0.00
Total Inkind Contributions:	\$11.99

## 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.*

<b>Date</b>	<b>To Whom Due</b>	<b>Amount</b>	<b>Purpose</b>
11/10/2014	Fonte (Loan), Joshua 116 Meeson St. Fall River, MA 02724	\$100.00	Loan from candidate
<b>Total Liabilities:</b>		<b>\$100.00</b>	

## Schedule R: Reimbursements

Date	Reimbursee	Amount
12/31/2014	Ferry, Cj	\$69.06

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**Form CPF R1: Itemization of Reimbursements**  
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<u>Ferry, Cj</u>	<u>Committee to Elect Joshua Fonte</u>
<i>Individual Being Reimbursed</i>	<i>Committee Name</i>
<u>\$69.06</u>	<u>12/31/2014</u>
<i>Amount of Reimbursement</i>	<i>Date of Reimbursement</i>

Date	Name and Address	Amount	Purpose
11/26/2014	Modern Printing 798 Plymouth Ave. Fall River, MA 02721	\$69.06	Ticket Printing