CPF ID #: _____
(For Office Use Only)

Commonwealth of Massachusetts

Form CPF 101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
Office of Campaign and Political Finance

RECEIVED
APR 02 2014
TOWN CLERK
SOMERSET, MA

File with: Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411 Boston, MA 02108

(617) 979-8300
ocpf@cpf.state.ma.us
http://www.mass.gov/ocpf

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:

Full Name: David Berube

Residential Address: 233 Forest Ave.

City / State / Zip: Somerset MA 02726

Phone #: 774-201-9416 E-Mail: dber930@Comcast.net

Party Affiliation: _____ (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: Selectman

District: _____

COMMITTEE:

Name of Committee: Committee to elect David Berube
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 233 Forest Ave

City / State / Zip: Somerset MA 02726 Phone #: 774-201-9416

OFFICERS:

Chairman: Kim Berube	**Treasurer:** Kim Berube
Residential Address: 233 Forest Ave	Residential Address: 233 Forest Ave
City / State / Zip: Somerset MA 02726	City / State / Zip: Somerset MA 02726
Phone #: 774-201-9403	Phone #: 774-201-9403
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Phone #:	Phone #:

(Attach an additional page, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY: D. Berube Date: 4/2/14
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY: Kim Berube Date: 4/2/14
Treasurer's signature

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY: Kim Berube Date: 4/2/14
Chairman's signature

Berube

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

Commonwealth of Massachusetts

RECEIVED
MAY 05 2014
By

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan. 2, 2014 Ending Date: May 4th 2014

Type of Report: (Check one)

☐ 8th day preceding preliminary ☑ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

David P. Berube
Candidate Full Name (if applicable)

Selectman
Office Sought and District

233 Forest Ave Somerset
Residential Address

Telephone Number (optional): 508 676-5040

Committee to elect David Berube
Committee Name

Kim Bernier
Name of Committee Treasurer

233 Forest Ave Somerset
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1:	Ending Balance from previous report	0
Line 2:	Total receipts this period (page 3, line 11)	8908
Line 3:	Subtotal (line 1 plus line 2)	8908
Line 4:	Total expenditures this period (page 5, line 14)	4248.57
Line 5:	Ending Balance (line 3 minus line 4)	4659.43
Line 6:	Total in-kind contributions this period (page 6)	950-
Line 7:	Total (all) outstanding liabilities (page 7)	6000-
Line 8:	Name of bank(s) used:	Bank Five

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: Kim Bernier (Treasurer's signature) Date: 5/4/14

FOR CANDIDATE FILINGS ONLY: **Affidavit of Candidate: (check 1 box only)**

☑ **Candidate with 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**
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: D. Berube (Candidate's signature) Date: 5/4/14

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
4/16	Jim Berube 116 County Dr. Somerset	195	
4/16	wayne Lemaire 101 County St. Somerset	200	mechanic Wayne's Auto
5/2	Ken Talbot Som. 150 Falcon Lockeway	90	
4/16	David Berube 233 Forest Ave Som.	3000	Loan
4/22	David Berube 233 Forest Ave. Som.	3000	Loan

Line 9: Total Receipts over $50 (or listed above)	6485
Line 10: Total Receipts $50 and under* (not listed above)	2423
Line 11: TOTAL RECEIPTS IN THE PERIOD	8908 ←▯ 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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
4/18	John Cantelli	Quincy mass	Entertainment	1200
4/19	moonlight design	39 chipaway lane Freetown MA	design, print	1870
5/5	Som. Police	County St. Som	detail	541.20
4/22	Quality Bev.	525 Myles Standish Taunton MA	Beer + wine	514.23

Line 12: Total Expenditures over $50 (or listed above)	4125.43
Line 13: Total Expenditures $50 and under* (not listed above)	123.14
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	4248.57

* 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4/18	mike monte	Island Heights Somerset	music + sound for Fundraiser	400
4/18	vitna Brown	Norton MASS	performer Fundraiser	250
4/18	Marc Silva	Swansea MASS	Bouncer + chairs Fundraiser	300

* 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.

Line 15: In-Kind Contributions over $50 (or listed above)	950
Line 16: In-Kind Contributions $50 & under (not listed above)	—
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	950

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
4/16	David Berube	233 Forest Ave Som	loan	3000
4/22	"	"	"	3000

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**	6000

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED JUN 13 2014 By

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: May 5 2014 Ending Date: 6/12/14

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☑ 30 day after election ☐ year-end report ☐ dissolution

David P Benbe
Candidate Full Name (if applicable)

Selectman
Office Sought and District

233 Forest Ave Somerset
Residential Address

Telephone Number (optional): 508 676-5040

Committee to Elect David Benbe
Committee Name

Kim Bernier
Name of Committee Treasurer

233 Forest Ave Som.
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	4659.43
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	4659.43
Line 4: Total expenditures this period (page 5, line 14)	3513.73
Line 5: Ending Balance (line 3 minus line 4)	1145.70
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	6000
Line 8: Name of bank(s) used:	Bank Five

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: Kim Bernier (Treasurer's signature) Date: 6/12/14

FOR CANDIDATE FILINGS ONLY: **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: D. Benbe (Candidate's signature) Date: 6/12/14

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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 over $50 (or listed above)		0	
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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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
5/1	cheap signs	Florida	Signs	1490.13
5/5	Gus' pizza	South St. Somerset	Food for Fundraiser	531.25
5/12	Penny Pockets	501 Bedford St. Fall River	T-Shirts	567.35
5/14	Card Services	Florida	Signs + Phone Blast	925.00

Line 12: Total Expenditures over $50 (or listed above)	3513.73
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	3513.73

* 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions over $50 (or listed above)		
		Line 16: In-Kind Contributions $50 & under (not listed above)		
		Line 17: TOTAL IN-KIND CONTRIBUTIONS		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
4/16	David Benke	233 Forest Ave	Loan	3000
4/22	"	"	"	3000

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 6000

Commonwealth of Massachusetts

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

RECEIVED
JAN 06 2015
TOWN CLERK
SOMERSET, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 6/13/14 Ending Date: 12/31/14

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

David Paul Berube
Candidate Full Name (if applicable)

Selectman
Office Sought and District

233 Forest Ave Somerset
Residential Address

Telephone Number (optional): 508 676-5040

Committee to Elect David Berube
Committee Name

Kim Berube
Name of Committee Treasurer

233 Forest Ave Som.
Committee Mailing Address

Telephone Number (optional): Same

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1145.70
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	1145.70
Line 4: Total expenditures this period (page 5, line 14)	1145.70
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Bank Five

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: Kim Berube (Treasurer's signature) Date: 12/31/14

FOR CANDIDATE FILINGS ONLY: **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: _____ (Candidate's signature) Date: _____

...ame and a page number on each page.) ...y if additional pages are required to

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
12/14	David Bembe	233 Forest Ave	Loan Repaymt	1145.70

Line 12: Total Expenditures over $50 (or listed above)	1145.70
Line 13: Total Expenditures $50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	1145.70

Enter on page 1, line 4 →

have itemized expenditures of $50 and under, include them in line 12. Line 13 should include only those expenditures not itemized