



**Form CPF M101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM**

RECEIVED
MAR 18 2013
**TOWN CLERK
SOMERSET, MA**

Commonwealth
of Massachusetts

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

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: LORWE KENNETH LAWLESS
 Residential Address: 21 LINDA LANE
 City / State / Zip: SOMERSET MA 02726
 E-Mail Address: BLUESKY1@COMCAST.NET Phone #: 508 567-2010
 Party Affiliation: _____ (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: SELECTMAN
 District: SOMERSET MA BRISTOL

COMMITTEE: Name of Committee: COMMITTEE TO ELECT LORWE LAWLESS
 (The name of the committee must include the candidate's last name)
 Committee Mailing Address: 21 LINDA LANE
 City / State / Zip: SOMERSET MA 02726 Phone #: 508 567-2010

OFFICERS:	
Chairman: <u>LORWE K LAWLESS</u> Residential Address: <u>21 LINDA LANE</u> City / State / Zip: <u>SOMERSET MA 02726</u> Phone #: <u>508 567-2010</u>	Treasurer: <u>DENNIS MELLO</u> Residential Address: <u>242 BOURNE AVE</u> City / State / Zip: <u>SOMERSET MA 02726</u> Phone #: <u>508 567-20674-9156</u>
Other Officer/Title: <u>WAYNE NICOLAU</u> Residential Address: <u>140 PYRRINTON ST</u> City / State / Zip: <u>SOMERSET MA 02726</u> Phone #: <u>508 675-1336</u>	Other Officer/Title: <u>JUDY MEDEIROS</u> Residential Address: <u>35 CONNECTICUT AVE</u> City / State / Zip: <u>SOMERSET MA 02726</u> Phone #: <u>508 499-2886</u>

(Complete and attach a Form CPF M A 101, 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: Howard Lawless Date: 3-1-13
 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: Dennis Mello Date: 3-1-13
 Treasurer's signature

I hereby accept the office of Chairman of the above-named committee.
 SIGNED UNDER THE PENALTIES OF PERJURY: Walter D. Mory Date: 3-1-13
 Chairman's signature



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
MAY 06 2013
TOWN CLERK
SOMERSET, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Feb. 20, 2013 Ending Date: May 04, 2013

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

Lorne Lawless
Candidate Full Name (if applicable)
Somerset selectman
Office Sought and District
21 Linda Lane Somerset ma.
Residential Address
Telephone Number (optional): _____

Committee to Elect Lorne Lawless
Committee Name
Dennis Mello
Name of Committee Treasurer
21 Linda Lane Somerset ma.
Committee Mailing Address
Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$3,123.60</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$3,123.60</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$2,629.20</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$494.40</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>BANK Five</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: Dennis Mello (Treasurer's signature) Date: 05/04/2013

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: Lorne Lawless (Candidate's signature) Date: 05/04/2013

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)
4/18/2013	David Costa. 862 Regon Rd Somerset	\$100.00	Self Employed
3/11/2013	Paul Fosgioli 1886 Highland Ave F.R. MA	\$200.00	Monroe Banker
4/20/2013	MARION LaComte 244 Chateau Drive Somerset	\$100.00	Self Employed
4/05/2013	Dennis Mello 242 Bourn Ave Somerset MA	\$200.00	Retired
4/08/2013	Melissa Rego 361 Montop St. FR. MA	\$100.00	Home maker
Line 9: Total Receipts over \$50 (or listed above)		\$1700.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$2423.60	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$3,123.60	← 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 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
* 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.				
Enter on page 1, line 6 →				
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				

SCHEDULE D: LIABILITIES

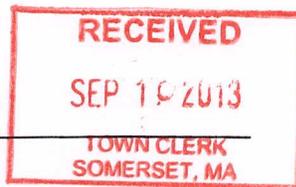
M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →				
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				



Commonwealth of Massachusetts

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



File with: Director

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

CPF ID#

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning MAY 07 2013 Ending SEP 18 2013

Type of report: (Check one)

8th day preceding primary 30 day 8th day preceding election year-end report dissolution 30 days after special election

LORNE LAWLESS
Full Name of Candidate

SOMERSET SELECTMAN
Office Sought/District

21 LINDA LANE SOMERSET MA
Residential Address

Tel. No. (optional)

COMMITTED TO ELECT LORNE LAWLESS
Committee Name

DENNIS MELLO
Name of Committee Treasurer

21 LINDA LANE SOMERSET MA
Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>494.40</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>165.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>659.40</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>385.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>274.40</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>BANK FIDELITY</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:

Dennis Mello
Treasurer's signature (in ink)

Sept. 18, 2013
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, 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:

Lorne K Lawless
Candidate's signature (in ink)

Sept 19 / 2013
Date

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, CPF ID# and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
5/22	Coalition for Social Justice	Fall River MA	Tickets Donation	235	00
6/15	Make A Wish Cromwell	Warwick RI	Donation	150	00
Line 12: Expenditures over \$50				285	00
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES				285	00

Enter on page 1, line 4

* If you have itemized expenditures \$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				0
Line 16: In-kind \$50 and under				0
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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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

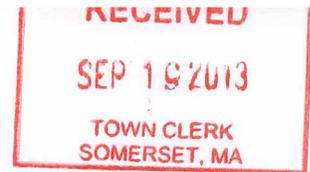
Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.



Commonwealth of Massachusetts

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



File with: Director

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

CPF ID# _____

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 9 Date 18 Year 2013 Ending Month 9 Date 19 Year 2013

Type of report: (Check one)
 8th day preceding primary 8th day preceding election year-end report dissolution 30 days after special election

LORNE LAWLESS
Full Name of Candidate
SOMERSET SELECTMAN
Office Sought/District
21 LINDA LANE SOMERSET MA
Residential Address
Tel. No. (optional)

COMMITTEE TO ELECT LORNE LAWLESS
Committee Name
DENNIS MELLO
Name of Committee Treasurer
21 LINDA LANE SOMERSET MA
Committee Mailing Address
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>274.40</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>0</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>274.40</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>274.40</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>0</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>BANK FIVE</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:
Dennis Mello
Treasurer's signature (in ink) Sept 19, 2013
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, 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:
Lorne Lawless
Candidate's signature (in ink) 9/19/2013
Date

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, CPF ID# and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
9/19/13	COMMITTEE TO ELECT	FALL RIVER	DONATION	100	00
	JO ECARVALHO		FOR MAYOR		
9/9/13	A WISH COME TRUE	WARWICK RI	DONATION	174	40
Line 12: Expenditures over \$50					
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES				274	40

Enter on page 1, line 4

* If you have itemized expenditures \$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
Enter on page 1, line 6			Line 15: In-kind over \$50	0
			Line 16: In-kind \$50 and under	0
			Line 17: Total In-kind	0

* 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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.