



Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

RECEIVED
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TOWN CLERK
SOMERSET, MA

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: Scott Alan LeBeau Sr.
 Residential Address: 1196 County St
 City / State / Zip: Somerset MA 02726
 E-Mail Address: electlebeau@comcast.net Phone #: 508-207-0556
 Party Affiliation: Republican (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: Selectman
 District: Somerset, MA

COMMITTEE: Name of Committee: Committee to elect Scott LeBeau
 (The name of the committee must include the candidate's last name)
 Committee Mailing Address: 1196 County St
 City / State / Zip: Somerset MA 02726 Phone #: _____

OFFICERS:

Chairman: <u>Laurie LeBeau</u> Residential Address: <u>1196 County St</u> City / State / Zip: <u>Somerset MA 02726</u> Phone #: <u>508-207-0557</u>	Treasurer: <u>Laurie LeBeau</u> Residential Address: <u>1196 County St</u> City / State / Zip: <u>Somerset MA 02726</u> Phone #: <u>508-207-0557</u>
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____

(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:

[Signature] Date: 2-18-2013
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:

Laurie LeBeau Date: 2-18-13
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Laurie LeBeau Date: 2-18-13
Chairman's signature

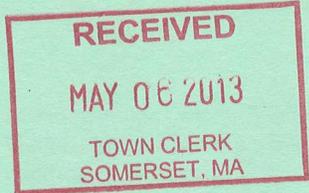


Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Jan 1 ^{Month} 2013 ^{Date} ^{Year} Ending MAY 6 ^{Month} 2013 ^{Date} ^{Year}

Type of report: (Check one)

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

Scott Lebeau
Full Name of Candidate (if applicable)

Selectman
Office Sought and District

1196 County St
Residential Address

Somerset MA 02726
Tel. No. (optional)

Committee to elect Scott Lebeau
Committee Name

Laurie Lebeau
Name of Committee Treasurer

1196 County St, Somerset 02726
Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>- 0 -</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>4007.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>4007.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1831.70</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>2275.30</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>200.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>- 0 -</u>
Line 8: Name of bank(s) used	<u>Somerset 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.

Laurie Lebeau Signed under the penalties of perjury: 5-6-13
Treasurer's signature (in ink) 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.

[Signature] Signed under the penalties of perjury: 5-6-2013
Candidate signature (in ink) 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.

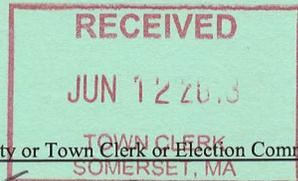
Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
2/20	Ray Moore, 8 Wamsatta, Somerset	250	00	Truck Driver / Self-Employed
Line 9: Total receipts in excess of \$50 (or listed above)		250	00	
Line 10: Total receipts \$50 and under* (not listed above)		3757	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4007	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.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: May 14, 2013 Ending Date: June 13, 2013

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

Scott LeBeau
Candidate Full Name (if applicable)
Selectman
Office Sought and District
1196 County St, Somers MA 02726
Residential Address
Telephone Number (optional): 508-207-0556

Committee of Scott LeBeau
Committee Name
Laurie LeBeau
Name of Committee Treasurer
1196 County St, Somers MA 02726
Committee Mailing Address
Telephone Number (optional): 508-207-0557

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>2275.30</u>
Line 2: Total receipts this period (page 3, line 11)	<u>900.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3175.30</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3157.41</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>17.89</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>Somers Federal 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: Laurie LeBeau (Treasurer's signature) Date: 6-11-13

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: [Signature] (Candidate's signature) Date: 6-11-2013

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
5/10/2013	Express Printing	192 Amherst St P.O. Box 11 Fall River MA	Mail 6500 Homes	2815.83
5/13/2013	Ma Raths	1142 County St Somerset	Election Night Party	391.58
Line 12: Total Expenditures over \$50 (or listed above)				3157.41
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				3157.41

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 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.			Line 15: In-Kind Contributions over \$50 (or listed above)	
Enter on page 1, line 6 →			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)	