



Commonwealth of Massachusetts

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

REC SOMERSET CLERK  
FEB 12 2025 09:45

## 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, organization of a candidate or candidate's committee as follows:

**CANDIDATE:** Full Name: John E. Ventura

Residential Address: 39 Walnut St.

City / State / Zip: Somerset MA 02726

E-Mail Address: swsresident@comcast.net Phone #: 5083266532

Party Affiliation: Undeclared (If applicable)

**OFFICE SOUGHT/PURPOSE:**

Title: School Committee District: Somerset

Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with clerk or local election official.

**COMMITTEE:** Name of Committee: Committee to Elect John Ventura  
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 39 Walnut St

City / State / Zip: Somerset/MA/02726 Phone #: 5063266532

**OFFICERS:**

<b>Chairperson:</b> <u>Edward Souza</u>	<b>Treasurer*:</b> <u>Sean Farrelly</u>
Residential Address: <u>130 Pocasset St</u>	Residential Address: <u>94 Marble St</u>
City / State / Zip: <u>Somerset</u> <u>MA</u> <u>02725</u>	City / State / Zip: <u>Somerset</u> <u>MA</u> <u>02726</u>
Phone #: <u>7746274440</u>	Phone #: <u>5086852202</u> Email: <u>sfarre16@gmail.com</u>

\*A public employee may not serve as treasurer of any political committee (see reverse).

Additional officers may be listed on page two.

Check applicable box before signing:

- Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) 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; and 4) may not serve as treasurer of a political committee organized on my behalf.
- Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) 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:  Date: 1-6-2025  
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) 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; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:  Date: 1-6-2025  
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:  Date: 1-6-2025  
Chairperson's signature







Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

REC SOMERSET CLERK  
APR 9 2025 AM 10:26

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-9-2025 Ending Date: 4-7-2025

Type of Report: (Check one)

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

JOHN E VENTURA  
Candidate Full Name (if applicable)

School Committee Somerset  
Office Sought and District

39 Walnut St. Somerset MA.  
Residential Address

E-mail: SWSpresident@comcast.net

Phone #: 508-326-1653

Committee to Elect John Ventura  
Committee Name

Sean FARRELLY  
Name of Committee Treasurer

94 Marble St. Somerset MA 02726  
Committee Mailing Address

E-mail: SFARRELL6@gmail.com

Phone #: 508-1085-8202

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0.00</u>
Line 2: Total receipts this period (page 3, line 12)	<u>2,818.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2,818.00</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>2,233.08</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>585 -</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>418.63</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0.00</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0.00</u>
Line 9: Name of bank(s) used:	<u>Somerset 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: [Signature] (Treasurer's signature) Date: 4/7/2025

#### 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 that are not otherwise disclosed in this report.

##### 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 4-7-2025



## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/19/25	Almeida, Robert	50-	
2/19/25	Berube, Anita	50-	
2/19/25	Brogan, Patti	50-	
2/19/25	Brogan, Timothy	50-	
2/19/25	Cogley, Paul	100.00	
2/19/25	FALLON, CHRIS	<del>50-</del> 700-	
2/19/25	FARRELY ERIN	50-	
2/19/25	FARRELY SEAN	50-	
2/19/25	HINES, HARRY	50-	
2/19/25	Langfield, Mike	100-	
2/19/25	MACARONE, HANK	50-	
2/19/25	MARQUES, Jeff	100-	
2/19/25	MEDEIROS, DAN	250-	Comcast Tech.



**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/19/25	Pacheco, MARK	100-	
2/19/25	PATRICIO, SANDRA	50-	
2/19/25	PARAO, MARK	50-	
2/19/25	Riley, Kyle	100-	
2/19/25	SMITH ALLEN	50-	
1/20/25	SOUZA EDWARD	98-	NATIONAL GRID SUPERVISOR
2/19/25	SOUZA KATHY	100-	
2/19/25	Thueber Justin	100-	
2/19/25	Vipin, Laurie	50-	
2/4/2025	Simbro Sarah	500.00	Retired
2/19/25	Ventura Deborah	200.00	Radiologist
2/19/25	DYL Jill	50-	
Line 10: Total Receipts over \$50 (or listed above)		2,448-	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 11: Total Receipts \$50 and under (not listed above)		370-	
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>		<b>2,818-</b>	

← Enter on page 1, line 2





**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/19/25	Amvets Post 72	659 Brayton Ave Somerset MA	Rent Hall for Fundraiser	100.00
2/22/25	MALLARD Printing	P.O. Box 4158 Fall River MA	Purchase Lawn SIGNS	541.88
4/8/25	MALLARD PRINTING	P.O. Box 4158 Fall River MA	Post card mailing with postage	1591.20

*\* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Line 13: Expenditures over \$50 (or listed above)	2233.08
Line 14: Expenditures \$50 and under (not listed above)	0
<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>2233.08</b>

Enter on page 1, line 4 →



## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
2/19	John Ventura	39 Walnut St. Somerset MA	MR CHEN Food For Fundraiser	224.60
2/19	TODD COSTA	73 Winward Dr. Somerset MA	ORIENTAL CHOW Mein Food For Fund	113.00
2/19	TODD COSTA	73 Winward Dr. Somerset MA	Walmart Food For Fundraiser	64.10
2/19	TODD COSTA	73 Winward Dr. Somerset MA	STOP + SHOP FOOD FOR FUNDRAISER	16.93

\* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.

Line 16: In-Kind Contributions over \$50 (or listed above)	418.63
Line 17: In-Kind Contributions \$50 and under (not listed above)	0
<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>	<b>418.63</b>

Enter on page 1, line 6 →

