



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

RECEIVED
FEB 07 2022
TOWN CLERK
SOMERSET, MA

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: Kathleen Souza
Residential Address: 130 Pocasset St
City / State / Zip: Somerset, Ma. 02725
E-Mail Address: ksouza@town.somerset.ma.us Phone #: 401 952 4694
Party Affiliation: (If applicable)

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

COMMITTEE: Name of Committee: Committee to Elect
(The name of the committee must include the candidate's last name)
Committee Mailing Address: 94 Marble St
City / State / Zip: Somerset Ma 02725 Phone #:

OFFICERS: Chair: Michael Langfield
Residential Address: 111 Harrington Lane
City / State / Zip: Somerset Ma 02725
Phone #: 774 273-0553
Treasurer\*: Erin Farrelly
Residential Address: 94 Marble St
City / State / Zip: Somerset, Ma. 02726
Phone #: 508 863 2601 Email: sfarrelly@gmail.com
\*A public employee may not serve as treasurer of any political committee (see reverse).

(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: Kathleen Souza
Candidate's signature Date: 2/7/2022

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 his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY: Erin Farrelly
Treasurer's signature Date: 2/7/2022

I hereby accept the office of Chairman of the above-named committee.
SIGNED UNDER THE PENALTIES OF PERJURY: Michael Langfield
Chair's signature Date: 2/7/2022



# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
APR 04 2022  
TOWN CLERK  
SOMERSET, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2022 Ending Date: 4/1/2022

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

Kathy Farrelly Souza  
Candidate Full Name (if applicable)  
Selectman Somerset  
Office Sought and District  
130 Pocassett St Somerset Ma 02725  
Residential Address  
E-mail: Kathysouza317@gmail.com  
Phone # (optional): \_\_\_\_\_

Comitee to Elect Kathy Farrelly Souza  
Committee Name  
Erin Farrelly  
Name of Committee Treasurer  
94 Marble St. Somerset MA 02726  
Committee Mailing Address  
E-mail: Erin.Farrelly19@gmail.com  
Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	317.06
Line 2: Total receipts this period (page 3, line 11)	11669
Line 3: Subtotal (line 1 plus line 2)	11986.06
Line 4: Total expenditures this period (page 5, line 14)	9516.7
Line 5: Ending Balance (line 3 minus line 4)	2469.360
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:	Somerset Federal Credit Union

**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: Erin Farrelly (Treasurer's signature) Date: 4/1/2022

**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: Kathleen Souza (Candidate's signature) Date: 4/1/2022

## 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)
2/9/2022	Andrew, Brian 528 Washington Ave Somerset MA 02726	70	
3/10/2022	Barnett, Scott 41 Ripley St Somerset Ma 02725	100	
2/9/2022	Berube, Dennis 967 Elm St Somerset Ma 02726	150	
3/10/2022	Berube, Dennis 967 Elm St Somerset Ma 02726	100	
3/10/2022	Berube, Lynne 967 Elm St Somerset Ma 02726	100	
3/10/2022	Frank, Arthur 209 Bedford St Fall River MA 02724	500	Attorney-Law office of Arthur Frank
3/10/2022	Ferraro, Paul 3751 Riverside Ave Somerset MA 02726	500	Self Employed
3/10/2022	Ferreira, Joe 258 Seaview Ave Somerset Ma 02726	200	Attorney-Govenors Council
3/10/2022	Fortier, Joan 196 Sullivan Ave Somerset MA 02726	200	Administrative Assistant-Somerset Schools
3/10/2022	Hickey, Jeff 1102 Sharps Lot Rd Swansea Ma 02777	300	Self Employed-JH Landscaping
3/10/2022	Macedonia, John 20 Anawan St. Someset MA 02726	100	
3/10/2022	Marques, Jeff 21 Ester St Somerset MA 02726	500	Self Employed-Mallard Printing
Line 9: Total Receipts over \$50 (or listed above)		2820	
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		2820	← 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/10/2022	McDonald, Nicole 30 Admirals WY Somerset MA 02725	500	Attorney
3/10/2022	Medeiros, Dan 287 Dennett St Portsmouth NH 03801	500	Direct TV
3/10/2022	Medeiros, Ricardo 74 Lourdes Rd Somerset MA 02726	100	
3/10/2022	Munroe, Scott 3216 Riverside Ave Somerset MA 02726	1000	Self Employed-Munroe Distributing
2/9/2022	Rigtrup, Amy 100 Pocasset St Somerset MA 02725	200	Funeral Director-Silva-Faria Funeral Home
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		2300	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		6549	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		11669	← 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
3/10/2022	Agoros	2756 County St Somerset MA 02726	Fundraiser-Food and Drinks	2500
2/10/2022	MaRaffas	1142 County St Somerset MA 02726	Fundraiser-Pizza	120.77
3/22/2022	Mallard Printing	657 Quarry St Fall River MA 02723	Mailings/postatge	1320.18
2/21/2022	Sardinha, Taylor	205 Bedford St. Fall River Ma 02720	Marketing	2500
2/10/2022	Souza, Kathy	130 Pocasset St Somerset Ma 02725	Reimbursement for fundraiser items	304.68
3/31/2022	Mallard Printing	657 Quarry St Fall River MA 02723	Signs/printing	2771.07
Line 12: Total Expenditures over \$50 (or listed above)				9516.7
Line 13: Total Expenditures \$50 and under* (not listed above)				0
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>9516.7</b>

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.









# 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: 4/2/2022 Ending Date: 5/1/2022

Type of Report: (Check one)

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

Kathy Farrelly Souza  
Candidate Full Name (if applicable)

Selectman Somerset  
Office Sought and District

130 Pocassett St Somerset Ma 02725  
Residential Address

E-mail: Kathysouza317@gmail.com

Phone # (optional): \_\_\_\_\_

Comitee to Elect Kathy Farrelly Souza  
Committee Name

Erin Farrelly  
Name of Committee Treasurer

94 Marble St. Somerset MA 02726  
Committee Mailing Address

E-mail: Erin.Farrelly19@gmail.com

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2469.360
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	2469.360
Line 4: Total expenditures this period (page 5, line 14)	2203.610
Line 5: Ending Balance (line 3 minus line 4)	265.75
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:	Somerset Federal Credit Union

#### 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: Erin Farrelly (Treasurer's signature) Date: 5/10/2022

#### 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: [Signature] (Candidate's signature) Date: 5/10/2022

## 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
4/11/2022	Mallard Printing	657 Quarry St Fall River MA 02723	Mailers	1328.47
04/11/2022	MaRaffas	1142 County St Somerset MA 02726	Pizza-Election Day	187
04/11/2022	Subway	Swansea MA	Sandwiches-election day	388.14
4/1/2022	Yvonne	Somerset	Music	300
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>2203.610</b>

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.