



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

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: David Benbe
 Residential Address: 233 Forest Ave
 City / State / Zip: Somerset MA 02726
 E-Mail Address: dber930@Comcast.net Phone #: 774-201-9416
 Party Affiliation: Democrat (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: Selectman
 District: Bristol County

COMMITTEE: Name of Committee: Committee to Elect David Benbe
(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:

<p>Chair: <u>JEFF FURTADO</u> Residential Address: <u>703 BUFFINTON ST-</u> City / State / Zip: <u>SOMERSET MA 02726</u> Phone #: <u>774-319-2196</u></p>	<p>Treasurer*: <u>Kim Benbe</u> Residential Address: <u>233 Forest Ave</u> City / State / Zip: <u>Somerset MA 02726</u> Phone #: <u>774-201-9413</u> Email: <u>Kimbo006@comcast.net</u></p>
<p>Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____</p>	<p>Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____</p>

(Complete and attach a Form CPF MA 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:

D. Benbe
 Candidate's signature Date: 2/26/21

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:

Kim Benbe
 Treasurer's signature Date: 2/26/21

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

SIGNED UNDER THE PENALTIES OF PERJURY:

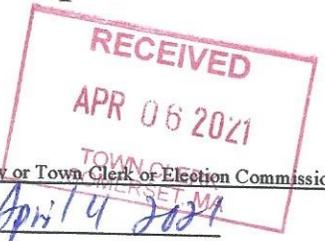
[Signature]
 Chair's signature Date: 2/26/21



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



Fill in Reporting Period dates: Beginning Date: Feb 2021 Ending Date: April 4 2021 File with: City or Town Clerk of Election Commission

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

Candidate Full Name (if applicable): David Benke
Office Sought and District: Selectman
Residential Address: 233 Forest Ave Som.
E-mail: dben930@comcast.net
Phone # (optional): 774-201-9416

Committee Name: Committee to Elect David Benke
Name of Committee Treasurer: John Benke
Committee Mailing Address: 233 Forest Ave Som.
E-mail: dben930@comcast.net
Phone # (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>-</u>
Line 3: Subtotal (line 1 plus line 2)	<u>-</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>-</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>-</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>-</u>
Line 8: Name of bank(s) used:	<u>Rachford Trust</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: John Benke (Treasurer's signature) Date: April 4 2021

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: _____



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



2021

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: April 13 Ending Date: May 12

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

David Paul Benbe
Candidate Full Name (if applicable)
Selectman
Office Sought and District
233 Forest Ave Somerset MA
Residential Address
E-mail: _____
Phone # (optional): _____

Committee to Elect David Benbe
Committee Name
Kim Benbe
Name of Committee Treasurer
233 Forest Ave Somerset MA
Committee Mailing Address
E-mail: dber930@comcast.net
Phone # (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>1760</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1760</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2858.48</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>-1098.48</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>Rockland Trust</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: Kim Benbe (Treasurer's signature) Date: May 12/21

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: _____

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)
3/21	Carlos Amada Somerset	200	Plumber
3/25	Kim Monan Swansea	100	clerk
4/1	Marc Landry Bridgewater	250	manager
4/4	Rick Perce Somerset	250	Retired
4/7	Peter Humphrey Trenton	500	manager
Line 9: Total Receipts over \$50 (or listed above)		1300	
Line 10: Total Receipts \$50 and under* (not listed above)		460	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1760	← 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/21	Troy Press	Somerset	Printing	260.31
3/10	Express Printing	Fall River	yard signs	268.85
3/25	moonlight Design	FreeTown	Printing	270.94
3/10	Troy Press	Somerset	Printing	255
4/5	WSAR	Somerset	Ads	160
4/8	"	"	"	200
3/10	Troy Press	Somerset	Printing	57.38
3/13	US Post office	"	Stamps	165
3/23	Hane Depot	"	materials	119.65
3/26	"	"	"	117.10
3/27	Vantars	"	Fundraiser	767.90
3/28	Fiesta	"	meals	45.35
Line 12: Expenditures over \$50 (or listed above)				2687.48
Line 13: Expenditures \$50 and under* (not listed above)				171
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2858.48

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.

