Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

REC SOMERSET CLERK
MAY 14 2025 PM 12:45

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: _____ Ending Date: _____

Type of Report: (Check one)

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

Carlton Medeiros
Candidate Full Name (if applicable)

K-8 School Committee
Office Sought and District

435 Prospect St Somerset MA 02726
Residential Address

E-mail: Carltonmed@live.com

Phone #: 508-801-5601

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # :

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 12)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 15)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6, line 18)	
Line 7: Total (all) outstanding liabilities (page 7, line 19)	
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	$1,143.13
Line 9: Name of bank(s) used:	

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: _____ (Treasurer's signature) Date: _____

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: Carlton Med (Candidate's signature) Date: 5/14/2025

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 E 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)

Enter receipt totals on Page 3

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 10: Total Receipts over $50 (or listed above)	
Line 11: Total Receipts $50 and under (not listed above)	
Line 12: TOTAL RECEIPTS IN THE PERIOD	

** If you have itemized receipts of $50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over $50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of $50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

** 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)	
Line 14: Expenditures $50 and under (not listed above)	
Enter on page 1, line 4 → **Line 15: TOTAL EXPENDITURES IN THE PERIOD**	

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

** 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)	
Line 17: In-Kind Contributions $50 and under (not listed above)	
Enter on page 1, line 6 → **Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD**	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, 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 19: TOTAL OUTSTANDING LIABILITIES (ALL)**

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
2/21	Super Cheap Signs	$1,143.13	Lawn Signs

Line 20: Total Itemized Out-Of-Pocket Expenditures Over $50 (or listed above)	$1,143.13	** If you have out-of-pocket expenses of $50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.*
Line 21: Total Unitemized Out-Of-Pocket Expenditures $50 and under (not listed above)		
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD	$1,143.13	← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.

Commonwealth of Massachusetts

Form CPF M109:
Statement of Municipal Candidate Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Candidate's Name:	Carlton Medeiros
Office Sought:	K-8 School Committee
Residential Address:	435 Prospect St
City / State / Zip:	Somerset MA 02726
E-Mail Address:	Carlton medeiros
Phone Number:	508-801-5601

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity.** I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

1. Ending balance from previous report	ZERO
2. Total receipts for reporting period	ZERO
3. Subtotal	ZERO
4. Total Expenditures for reporting period	ZERO
5. Ending balance	ZERO

After filing this statement, **if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing**, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, **in the calendar year in which it is filed**, required by Chapter 55 of the Massachusetts General Laws.

This form is valid through December 31 of the year in which it was signed.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature: Date: 5/14/2025

INSTRUCTIONS FOR COMPLETING FORM CPF M109

This form is filed by a candidate who only files with their local election official, if:

1. The candidate has not received any contributions;
2. The candidate has not made any expenditures; including with their own funds or personal credit cards;
3. The candidate has not incurred any obligations (liabilities);
4. The candidate does not have a campaign fund in existence; and
5. The candidate does not have a political committee.

Municipal candidates who file with OCPF, including mayoral candidates, and city council candidates in cities with populations of more than 65,000, are not eligible to submit this form to their local election official.

For assistance, please contact the Office of Campaign and Political Finance at (617) 979-8300 or by e-mail at ocpf@cpf.state.ma.us