Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED
JUL 06 2021
TOWN CLERK
SOMERSET, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/28/2021 Ending Date: 7/2/2021

Type of Report: (Check one)

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

Kathleen Farrelly Souza
Candidate Full Name (if applicable)

Selectman-Somerset
Office Sought and District

130 Pocasset St. Somerset MA 02725
Residential Address

E-mail: KathySouza317@gmail.com

Phone # (optional):

Commitee 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	0
Line 2:	Total receipts this period (page 3, line 11)	7380
Line 3:	Subtotal (line 1 plus line 2)	7380
Line 4:	Total expenditures this period (page 5, line 14)	5898.62
Line 5:	Ending Balance (line 3 minus line 4)	1481.38
Line 6:	Total in-kind contributions this period (page 6)	200
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: 7/6/2021

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: 7/6/2021

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)
6/17/2021	Berube Anita 120 Lafayette St Somerset Ma 02726	100	
6/4/2021	Charette Susan 341 South St. Somerset Ma 02726	75	
6/17/2021	Duarte Cheryl 278 Millers Lane	150	
6/17/21	Dwyer Lenna 213 Lepes Rd	200	
6/17/21	Dyl Eric 113 Country Dr	75	
6/17/2021	Dyl Jill 113 Country Dr	75	
6/17/2021	ElMasian Elizabeth 14 Ripley St. Somerset MA	65	
6/17/2021	Hall Julie 140 N Main St unit 4d Attleboro Ma 02703	150	
6/17/2021	Kardel Jeff 758 Brayton Point Rd. Someret MA 02725	100	
6/8/2021	Lawless Lorne 21 Linda Ln Somerset Ma	100	
6/17/2021	Marques Jeff 21 Jon Ester Rd	300	Sales Manager-Mallard Printing Inc
6/17/2021	Mercer Joseph 2667 Riverside	200	Self-Emloyed-Realtor

Line 9: Total Receipts over $50 (or listed above)	1590	
Line 10: Total Receipts $50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD		← 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)
6/17/2021	Munro Scott 3216 Riverside Ave	100	
5/24/2021	Pacheco Virgil 31 Forge Rd Somerset Ma	290	Self-employed-architect
6/17/2021	Raffa Erin 143 Bourn Ave	80	
6/17/2021	Seery Ann 16 Lawrence St Swansea MA	100	
6/17/2021	Shaker Jeffrey 3 Carrie Hood Ln Somerset	200	self-employed-Construction
6/17/2021	Shea Andrea 96 Country Dr	90	
6/17/2021	Shea Barry 96 Country Dr	150	
6/17/2021	Smith Allen 254 Dwelly Rd	120	
6/17/2021	Tobin Catherine 20 Evans Ave Tiverton	150	
6/17/2021	Tobin Kate 20 Evans Ave Tiverton	70	
6/17/2021	Ventura John 39 Walnut St. Somerset	150	
6/17/2021	Wylee June 129 Shawomet Gardens Somerset	100	

Line 9: Total Receipts over $50 (or listed above)	3190	
Line 10: Total Receipts $50 and under* (not listed above)	4190	
Line 11: TOTAL RECEIPTS IN THE PERIOD	7380	← 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
6/17/2021	Agoro's Pizza Bar & Grill Somerset	276 County St. Somerset Ma 02726	Catering for fundraiser 6/17	727.6
5/27/21	Amvets	659 Brayton Ave, Somerset MA 02726	Fundraiser Hall	150
5/28/2021	MaRaffa's Somerset	1142 County St. Somerset MA	Catering for Fundraiser 5/27	357.12
6/17/21	Modern Printing	798 Plymouth Ave Fall River MA	Campaign Signs, Flyers	4000
6/17/2021	Nancy's Bakery	943 County St. Somerset MA 02726	Patries for fundraiser 6/17	114
6/17/2021	Subway	79 Swansea Mall Drive Swansea MA	Catering for fundraiser 6/17	399.9
5/27/2021	David Tinkham	71 Ripley St Someset MA	DJ for fundraiser 5/27	150

Line 12: Total Expenditures over $50 (or listed above)	5898.62
Line 13: Total Expenditures $50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	5898.62

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 B: EXPENDITURES (continued)

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

	Line 12: Expenditures over $50 (or listed above)	
	Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 →	**Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

* 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
6/17/21	Paul Ferraro	3751 Riverside Ave Somerset Ma 02726	Alcohol for Fundraiser	200

Line 15: In-Kind Contributions over $50 (or listed above)	200
Line 16: In-Kind Contributions $50 & under (not listed above)	
Line 17: TOTAL IN-KIND CONTRIBUTIONS	200

Enter on page 1, line 6 →

* 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.

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)**

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Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED
SEP 03 2021
TOWN CLERK
SOMERSET, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 7/2/2021 Ending Date: 8/11/2021

Type of Report: (Check one)

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

Kathleen Farrelly Souza Candidate Full Name (if applicable)	Commitee to Elect Kathy Farrelly Souza Committee Name
Selectman-Somerset Office Sought and District	Erin Farrelly Name of Committee Treasurer
130 Pocasset St. Somerset Ma 02725 Residential Address	94 Marble St. Somerset Ma 02726 Committee Mailing Address
E-mail: KathySouza317@gmail.com	E-mail: Erin.Farrelly19@gmail.com
Phone # (optional):	Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1481.38
Line 2: Total receipts this period (page 3, line 11)	105
Line 3: Subtotal (line 1 plus line 2)	1586.43
Line 4: Total expenditures this period (page 5, line 14)	1319.58
Line 5: Ending Balance (line 3 minus line 4)	266.85
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
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: 8/12/2021

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: 8/12/2021

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)

Line 9: Total Receipts over $50 (or listed above)	
Line 10: Total Receipts $50 and under* (not listed above)	105
Line 11: TOTAL RECEIPTS IN THE PERIOD	105 ← 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
8/12/2021	Mallard Printing	657 Quarry St Fall River Ma 02723	Campaign signage	1009.6
8/12/21	MaRaffa's Restuarant	1142 County St. Somerset Ma 02726	Pizza-Election Day	182.51
8/12/2021	Subway	79 Swansea Mall Dr Swansea Ma 02779	Subs-Election Day	127.47

Line 12: Total Expenditures over $50 (or listed above)	1319.58
Line 13: Total Expenditures $50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	1319.58

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.

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Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED
JAN 13 2022
TOWN CLERK
SOMERSET, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 12/1/2021 Ending Date: 12/31/2021

Type of Report: (Check one)

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

Kathleen Farrelly Souza
Candidate Full Name (if applicable)

Selectman Somerset
Office Sought and District

130 Pocasset St. Somerset MA 02725
Residential Address

E-mail: KathySouza317@gmail.com

Phone # (optional):

Comittee to Elect Kathy 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)	0
Line 3:	Subtotal (line 1 plus line 2)	317.06
Line 4:	Total expenditures this period (page 5, line 14)	0
Line 5:	Ending Balance (line 3 minus line 4)	317.06
Line 6:	Total in-kind contributions this period (page 6)	
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: 1/13/2022

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: K Souza (Candidate's signature) Date: 1/13/2022

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)

Line 9: Total Receipts over $50 (or listed above)	
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	

← 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)

Line 9: Total Receipts over $50 (or listed above)		
Line 10: Total Receipts $50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD		← 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

Line 12: Total Expenditures over $50 (or listed above)	
Line 13: Total Expenditures $50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	

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 B: EXPENDITURES (continued)

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

	Line 12: Expenditures over $50 (or listed above)	
	Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 →	**Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

* 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

	Line 15: In-Kind Contributions over $50 (or listed above)	
	Line 16: In-Kind Contributions $50 & under (not listed above)	
Enter on page 1, line 6 →	**Line 17: TOTAL IN-KIND CONTRIBUTIONS**	

* 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.

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)**

SOMERSET
FEDERAL CREDIT UNION

Somerset Federal Credit Union
740 County Street
Somerset, MA 02726

RETURN SERVICE REQUESTED

>002515 6508521 0001 092821 10Z

00041087 MSP 56

COMITE TO ELECT KATHY FARRELLY
SEAN B FARRELLY
ERIN L FARRELLY
94 MARBLE ST
SOMERSET MA 02726-5435

Statement Ending 12/31/2021

COMITE TO ELECT KATHY

Member Number: XXXXX6507

Managing Your Accounts

Phone	508-678-2851
Address	740 County Street Somerset, MA 02726
Website	www.somersetfcu.com
Routing Number	211385572
email	info@somersetfcu.com

Summary of Accounts

Account Type	Account Number	Ending Balance
SFCU FREE CHECKING	XXXXX6507	$317.06

SFCU FREE CHECKING-XXXXX6507

Account Summary

Date	Description	Amount
12/01/2021	**Beginning Balance**	**$317.06**
	0 Credit(s) This Period	$0.00
	0 Debit(s) This Period	$0.00
12/31/2021	**Ending Balance**	**$317.06**

Interest Summary

Description	Amount
Annual Percentage Yield Earned	0.00%
Dividend Days	0
Dividends Earned	$0.00
Dividends Paid This Period	$0.00
Dividends Paid Year-to-Date	$0.26

Account Activity

Post Date	Description	Debits	Credits	Balance
12/01/2021	**Beginning Balance**			
	No activity this statement period			**$317.06**
12/31/2021	**Ending Balance**			**$317.06**