

due 1/21/23



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

REG SOMERSET ELECTION  
JAN 20 2023 PM3:23

Fill in Reporting Period dates: Beginning Date: 5/2/22 Ending Date: 12/31/22 File with: City or Town Clerk or Election Commission

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

LOARNE KENNETH LAWLESS  
Candidate Full Name (if applicable)  
SELECTMAN  
Office Sought and District  
21 LINALANE SOMERSET MA 02726  
Residential Address  
E-mail: D. L. LAWLESS @ COMCAST. NET  
Phone # (optional): 508 944-5897

COMMITTEE TO ELECT LOARNE LAWLESS  
Committee Name  
DAN MEDERIOS  
Name of Committee Treasurer  
21 LINDA LANE SOMERSET MA 02726  
Committee Mailing Address  
E-mail: D. LAWLESS @ COMCAST. NET  
Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>256.32</u>
Line 2: Total receipts this period (page 3, line 11)	<u>6710.50</u>
Line 3: Subtotal (line 1 plus line 2)	<u>6966.32</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1560.02</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>5406.30</u>
Line 6: Total in-kind contributions this period (page 6)	<u>—</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>CITIZEN BANK</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: 1/19/23

#### 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: 1/19/23

## 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)
11/17/22	ARTHUR FRANK 265 HINCHEY LANE SOMERSET MA 02726	\$500.00	LAWYER SELF EMPLOYED
11/09/22	PAUL FERRARO 3751 RIVERSIDE AVE SOMERSET MA 02726	\$1000.00	AUPELLINO COMMERCIAL FLOOR COVERING
12/21/22	DAVID GAUTHIER 105 MAYES AVE SOMERSET MA 02726	\$1000.00	DEG ASSOCIATE INC.
11/14/22	JEFFREY MARQUES 22 JONESTER ROAD SOMERSET MA 02726	\$200.00	MALLARD PRINTING
11/17/22	JAMES PERRON 60 SECOND ST SOMERSET MA 02726	\$250.00	RETIRED
11/17/22	THOMAS D. RICHARDSON 86 SNYDER RD SOMERSET MA 02726	\$500.00	TRIANGLE REFRIGERATION
11/14/22	MIKE PASTERNAK 471 FAIRWAY DRIVE SOMERSET MA 02726	\$250.00	BRISTOL COUNTY RETIREMENT
11/17/22	CARLOS COUTO 54 WOODBRIDGE RD SOMERSET MA 02726	\$250.00	EZ TRASH DISPOSAL
11/9/22	JOE FERREIRA THOMAS COMMITTEE DR SOMERSET	\$100.00	
11/18/22	NICHOLAS BERNIER ESQ	\$100.00	
11/15/22	JEFFREY SHARKEK 3 CARLIE HOOD LANE SOMERSET MA 02726	\$100.00	
11/14/22	MATTHEW WHITE 3207 RIVERSIDE DR SOMERSET MA 02726	\$175.00	
Line 9: Total Receipts over \$50 (or listed above)		—	
Line 10: Total Receipts \$50 and under* (not listed above)		—	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$4425</b>	← 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.



