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

Commonwealth of Massachusetts

**Office of Campaign and Political Finance**

RECEIVED
APR 30 2021
TOWN CLERK
SOMERSET, MA

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: Melissa Terra

Residential Address: 102 Banville Ave

City / State / Zip: Somerset, MA 02726

E-Mail Address: Melissaterra@gmail.com / MelissaTerra4Somerset Selectmen@gmail.com Phone #: 5086427553

Party Affiliation: _____ (If applicable)

**OFFICE SOUGHT/PURPOSE:**

Title: Board of Selectmen

District: Somerset, MA

**COMMITTEE:**

Name of Committee: Committee to elect Melissa Terra
(The name of the committee must include the candidate's last name)

Committee Mailing Address: P.O Box 555

City / State / Zip: Somerset, MA 02726 Phone #: 5089222110

**OFFICERS:**

| | |
|---|---|
| **Chair:** Steven Hebert | **Treasurer*:** Steven Hebert |
| Residential Address: 91 Baker St. F | Residential Address: 91 Baker St, F |
| City / State / Zip: Fall River Ma. 02721 | City / State / Zip: Fall River Ma. 02721 |
| Phone #: 508-922-2110 | Phone #: 508-922-2110 Email: Melissaterra4somersetselectmen@gmail.com |
| | *A public employee may not serve as treasurer of any political committee (see reverse). |
| Other Officer/Title: | Other Officer/Title: |
| Residential Address: | Residential Address: |
| City / State / Zip: | City / State / Zip: |
| Phone #: | Phone #: |

(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: _____ Date: 4/29/2021
Candidate's signature

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: _____ Date: 4-29-2021
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY: _____ Date: 4-29-2021
Chair's signature

# 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: 04/26/2021 Ending Date: 07/04/2021

Type of Report: (Check one)

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

Melissa Terra
Candidate Full Name (if applicable)

Somerset Board of Selectmen
Office Sought and District

102 Banville Ave., Somerset, MA 02726
Residential Address

E-mail: ctemelissaterra@gmail.com

Phone # (optional):

Committee to Elect Melissa Terra
Committee Name

Steven Hebert
Name of Committee Treasurer

P O Box 555 Somerset, MA 02726
Committee Mailing Address

E-mail: ctemelissaterra@gmail.com

Phone # (optional):

### SUMMARY BALANCE INFORMATION:

| | |
|---|---|
| **Line 1:** Ending Balance from previous report | 0.00 |
| **Line 2:** Total receipts this period (page 3, line 11) | 2729.56 |
| **Line 3:** Subtotal (line 1 plus line 2) | |
| **Line 4:** Total expenditures this period (page 5, line 14) | 2222.32 |
| **Line 5:** Ending Balance (line 3 minus line 4) | 507.24 |
| **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:** _____ (Treasurer's signature) Date: 07/04/2021

**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:** _____ (Candidate's signature) Date: 07/04/2021

# 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) |
|---|---|---|---|
| 05/04/2021 | John M. McCaul | 100.00 | City Councilor City of Taunton MA |
| 05/10/2021 | Steven Tougas<br>78A Gilbert St<br>Quincy MA 02169 | 300.00 | Software Engineer, Abbott |
| 05/05/2020 | Melissa Terra<br>102 Banville Ave<br>Somerset MA 02726 | 1172.00 | Loan to campaign |
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| Line 9: Total Receipts over $50 (or listed above) | 1572.00 |
| Line 10: Total Receipts $50 and under* (not listed above) | 1710.30 |
| **Line 11: TOTAL RECEIPTS IN THE PERIOD** | 2729.56 ← 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) |
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| 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 |
|---|---|---|---|---|
| 05/13/2021 | AGE Graphics | 678 Collins Rd<br>Little Hocking, OH 45742 | Signs | 370.00 |
| 06/02/2021 | BJ's | 175 Highland Ave<br>Seekonk, MA | Food for fundraiser | 171.32 |
| 05/27/2021 | BJ's | 175 Highland Ave<br>Seekonk, MA | Supplies | 107.54 |
| 05/06/2021 | Express Printing | 102 County St<br>Fall River MA 02723 | Signs | 585.49 |
| 05/30/2021 | Express Printing | 102 County St<br>Fall River MA 02723 | Signs | 446.25 |
| 06/04/2021 | Home Depot | 535 Grand Army Hwy<br>Somerset, MA 02726 | supplies for sign installation | 44.87 |
| 04/28/2021 | Louis A Colon Am Vets Post 72 | 659 Brayton Ave<br>Somerset MA 02726 | Rental of hall for fundraiser | 100.00 |
| 06/02/2021 | Penny Pockets Ltd | 502 Bedford St<br>Fall River MA 02720 | Campaign Shirts | 182.00 |
| 04/27/2021 | Staples | 416 William S Canning Blvd<br>Fall River MA 02724 | Office Supplies | 41.70 |
| 4/30/2021 | Staples | 416 William S Canning Blvd<br>Fall River MA 02724 | Office Supplies | 26.01 |
| 05/01/2021 | Staples | 416 William S Canning Blvd<br>Fall River MA 02724 | Business Cards | 21.24 |
| 07/03/2021 | Staples | 416 William S Canning Blvd<br>Fall River MA 02724 | Office Supplies | 20.60 |
| | | Line 12: Total Expenditures over $50 (or listed above) | | 2117.02 |
| | | Line 13: Total 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 B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|---|---|---|---|---|
| 05/24/2021 | Troy Press Printing | 107 Hawthorne St Somerset MA 02726 | Palm Cards | 7.50 |
| 06/02/2021 | Troy Press Printing | 107 Hawthorne St Somerset, MA 02720 | Palm Cards | 4.30 |
| 06/02/2021 | Troy Press Printing | 107 Hawthorne St Somerset MA 02726 | Palm Cards | 5.50 |
| 04/28/2021 | USPS | 1089 County St Somerset MA 02726 | P O Box 555 | 88.00 |
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| Line 12: Expenditures over $50 (or listed above) | 105.30 |
| Line 13: Expenditures $50 and under* (not listed above) | |
| **Line 14: TOTAL EXPENDITURES IN THE PERIOD** | 2222.32 |

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

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.

Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report
## Municipal Form
**Office of Campaign and Political Finance**

RECEIVED
DEC 29 2021
TOWN CLERK
SOMERSET, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 7/4/2021 Ending Date: 8/12/2021

Type of Report: (Check one)

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

| | |
|---|---|
| Melissa Terra | Committee to Elect Melissa Terra |
| Candidate Full Name (if applicable) | Committee Name |
| Board of Selectmen Somerset | Steven Hebert |
| Office Sought and District | Name of Committee Treasurer |
| 102 Banville Ave | P.O Box 575 Somerset MA 02726 |
| Residential Address | Committee Mailing Address |
| E-mail: cteelmelissaterra@gmail.com | E-mail: CTEMelissaTerra@gmail.com |
| Phone # (optional): 5086427553 | Phone # (optional): |

## SUMMARY BALANCE INFORMATION:

| | |
|---|---|
| **Line 1:** Ending Balance from previous report | 507.24 |
| **Line 2:** Total receipts this period (page 3, line 11) | Ø |
| **Line 3:** Subtotal (line 1 plus line 2) | 507.24 |
| **Line 4:** Total expenditures this period (page 5, line 14) | 507.24 |
| **Line 5:** Ending Balance (line 3 minus line 4) | Ø |
| **Line 6:** Total in-kind contributions this period (page 6) | Ø |
| **Line 7:** Total (all) outstanding liabilities (page 7) | Ø |
| **Line 8:** Name of bank(s) used: | Somerset Federal Committee |

**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:** N/A (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:** [signature] (Candidate's signature) Date: 12/29/2021

# 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) |
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| 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** | 0 ← 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) |
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| 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 |
|---|---|---|---|---|
| 7/30/21 | Melina Terra | 102 Bonneville Ave Somerset MA 02726 | Repay Loan to self | 507.24 |
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| Line 12: Total Expenditures over $50 (or listed above) | 507.24 |
| Line 13: Total Expenditures $50 and under* (not listed above) | 0 |
| **Line 14: TOTAL EXPENDITURES IN THE PERIOD** | 507.24 |

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 |
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| Line 12: Expenditures over $50 (or listed above) | |
| Line 13: 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 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 |
|---|---|---|---|---|
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|---|---|
| Line 15: In-Kind Contributions over $50 (or listed above) | |
| Line 16: In-Kind Contributions $50 & under (not listed above) | |
| **Line 17: TOTAL IN-KIND CONTRIBUTIONS** | |

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 |
|---|---|---|---|---|
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Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 0

Commonwealth of Massachusetts

# Form CPF M 102-0: Campaign Finance Report
## Municipal Form
### Office of Campaign and Political Finance

City or Town of: Somerset

*Please print or type all information, except signatures.*

Reporting Period: Beginning: 05/01/2021 (MM/DD/YYYY) Ending: 12/31/2021 (MM/DD/YYYY)

Type of Report: (Check One)

☐ 8th day preceding preliminary/primary ☐ 8th day preceding election ☐ 30th day following election (town or special) ☒ 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

| DATE | PRINT NAME | SIGNATURE Signed under the penalties of perjury | RESIDENTIAL ADDRESS (Street and Number) | OFFICE SOUGHT |
|---|---|---|---|---|
| 12/29/2021 | Melissa Terra | | 102 Bannie Ave Somerset, MA 02726 | BOS |
| ~~1/20/2022~~ | ~~Lloyd Mendes~~ | | ~~46 American St~~ | ~~Planning Board~~ |
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