

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

2020 JAN 15 AM 8: 52 File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: Ending Date: 10/26/2019 Type of Report: (Check-one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution <u>Peter E. Berthiaume</u> to Elect Peter E. Berthlaumo Candidate Full Name (if applicable) Committee Name Assessor At Large James P. S. Holbrook Office Sought and District Name of Committee Treasurer 29 Arnold Place New Bedford MA 02740 29 Arnold Place New Bedford MA 02740 Residential Address Committee Mailing Address Telephone Number (optional): 508-326-2553 Telephone Number (optional): 508-326-2553 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 169.27 Line 2: Total receipts this period (page 3, line 11) 0.00 Line 3: Subtotal (line I plus line 2) 169.27 Line 4: Total expenditures this period (page 5, line 14) 0.00 Line 5: Ending Balance (line 3 minus line 4) 169.27 Line 6: Total in-kind contributions this period (page 6) 0.00 Line 7: Total (all) outstanding liabilities (page 7) 1,698.71 Line 8: Name of bank(s) used: Bank Five of Fall River 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, expendipares, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of on behalf of this committee in accordance with the requirements of M.G.L. c. 55. James P. S. Holbrook Signed under the penalties of perjury: Date: 01/06/2020 (Treasurer's signature) 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. Peter E. Berthiaume 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.)

Name and Residential Address Occupation & Employer **Date Received** (alphabetical listing required) (for contributions of \$200 or more) Amount N/A N/A 0.00 N/A

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

* If you have itemized receipts of \$50 and under include them in line 0. Line 10 and 11 in the line 1.

^{*} 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)
N/A	N/A	0.00	N/A
			:
ine O: Total Dani-	oto over \$50 (or listed shows)	0.00	
	ots over \$50 (or listed above) pts \$50 and under* (not listed above)	0.00	
	ECEIPTS IN THE PERIOD		4 P. 4
			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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
N/A	N/A	N/A	N/A	0.00
		Line 12: Total Expenditures ov	er \$50 (or listed above)	0.00
		Line 13: Total Expenditures \$50	and under* (not listed above)	0.00
		Line 14: TOTAL EXPENDIT		0.00

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
N/A	N/A	N/A	0.00
			<u> </u>
	10.0		
		- M	
			<u> </u>
Ø.			
	Line 12: Expenditures over	\$50 (or listed above)	0.00
	Line 13: Expenditures \$50 a	nd under* (not listed above)	0.00
			<u> </u>
	(alphabetical listing)	(alphabetical listing) N/A N/A N/A Address N/A Line 12: Expenditures over	(alphabetical listing) Address Purpose of Expenditure

^{*} 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

Piease 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.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
N/A	None	N/A	N/A	0.00
				==
] [<u> </u>
				#17
) (a)	
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	0.00
			\$50 & under (not listed above)	0.00
	Enter on uncer 1. Eng. C. 3	Line 17: TOTAL IN-KIND C		0.00

^{*} 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.

Page 6

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 V	hom Due	1	Address		Purpose	Amount
2017	Peter E.	Berthiaume	29 Arno New Bed	ld Place ford MA 02740	Loan	n to self	808.73
05/14/18	11	11		11		1 11	150.00
07/02/18	tt T	11	"	11		1 11 8)	180.00
07/03/18	11	11	11	11	"	1 11	100.00
07/11/18	11	11	11	11	"	11	100.00
09/13/18	"	11	lt .	H	,,	11	60.00
10/26/18	11	11	"	"	n	11	100.00
11/01/18	11	11	п	19	11	19	100.00
12/03/18	II	11	n S	11	11	11	100.00
-1-2019 0 0-25-2019	None		N/A		N/A		0.00
	Enter on p	page 1, line 7 → I	ine 18: TOTA	AL OUTSTAND	NG LIA	BILITIES (ALL)	1,698.73



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 01	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 01	/01/2019 Ending Date: 10/25/2019
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Peter E. Berthiaume	Committee to El
Candidate Full Name (if applicable)	Committee to Elect Peter E. Berthiaume Committee Name
Assessor At Large	James P. S. Holbrook
Office Sought and District	Name of Committee Treasurer
29 Arnold Place, New Bedford MA 02740	29 Arnold Place, New Bedford MA 02740
Residential Address	Committee Mailing Address
Telephone Number (optional): 508-326-2553	Telephone Number (optional): 508-326-2553
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	169.27
Line 2: Total receipts this period (page 3, line 11)	0.00
Line 3: Subtotal (line 1 plus line 2)	169.27
Line 4: Total expenditures this period (page 5, lin	ne 14) 0.00
Line 5: Ending Balance (line 3 minus line 4)	169.27
Line 6: Total in-kind contributions this period (pa	ge 6) 0.00
Line 7: Total (all) outstanding liabilities (page 7)	1,698.73
Line 8: Name of bank(s) used: Bank Five Of	Fall River
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best ctivity, including all contributions, loans, receipts, expenditures, disbusements, in-kind contains activity of all persons acting under the authority or on behalf of this committee in a signed under the penalties of perjury: James P. S. Holbrook	accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 10/26/2019
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
incurred any liabilities nor made any expenditures on my behalf during this reporting	period.
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbuttements, campaign finance activity of all persons acting under the authority or on belief of this gned under the penalties of perjury: Peter E. Berthlacine	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the completee in accordance with the requirements of M.G.L. c. 55.
	(Candidate's signature) Date: 10/26/2019

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.)

-	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
N/A	N/A	0.00	N/A
ne 9: Total Receip	ots over \$50 (or listed above)	0.00	L.
ne 10: Total Recei	pts \$50 and under* (not listed above)	0.00	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	0.00	← 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)
N/A	N/A	0.00	N/A
:			
Line 9: Total Receip	ts over \$50 (or listed above)	0.00	
Line 10: Total Recei	pts \$50 and under* (not listed above)	0.00	
	ECEIPTS IN THE PERIOD	L	Enter on page 1, line 2 include only those receipts not itemized above.

^{*} 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			
Date Faid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
N/A	N/A	N/A	N/A	0.00
li				
			<i>***</i>	
		3		
	*			
		2 0		
			ti e ——— ii ii =:## ::	_
	1	Line 12: Total Expenditures	over \$50 (or listed above)	0.00
		Line 13: Total Expenditures \$	50 and under* (not listed above)	0.00
	Enter on many 1, line 4 ->	Line 14: TOTAL EXPENDI	TIDEC IN THE DEDICE	0.00

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid	A 3 3	7	T
N/A	(alphabetical listing)	Address	Purpose of Expenditure	Amount
M/A	N/A	N/A	N/A	0.00
		%		
] [
			7	
	73			
				<u></u>
		Line 12: Expenditures over \$5	0 (or listed above)	0.00
		Line 13: Expenditures \$50 and	under* (not listed above)	0.00
		Line 14: TOTAL EXPENDIT		0.00

^{*} 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
N/A	None	N/A	N/A	0.00
	de i			0
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions	0.00	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0.00

^{*} 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.

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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 W	/hom Due	A	Address	T	Purpose		Amount
2017	Peter E.	Berthiaume	29 Arnol New Bedi	ld Place Ford MA 02740	Loa	an to self		808.73
05/14/18	11	11	TI .	11		t? 11		150.00
07/02/18	11	11	11	11		11 11	i.	180.00
07/03/18	"	11	11	Ħ		11 11		100.00
07/11/18	17	"	11	11		11 11		100.00
09/13/18	11	n	11	11		11 11		60.00
10/26/18	11	11	t1	11		11		100.00
11/01/18	"	11	11	11	1	P 91		100.00
12/03/18	11	11	11	11		P PP		100.00
1-1-2019 TO 10-25-2019	None		N/A		N/A			0.00
			~					
	Enter on p	page 1, line 7 → L	ine 18: TOTA	AL OUTSTANDI	NG LL	ABILITIES (ALI	ر.	1,698.73