



Commonwealth of Massachusetts

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place, Room 411, Boston, MA 02108

CPF ID #:

(For Office Use Only)

# Form CPF D103: Appointment of Depository Bank

## Office of Campaign and Political Finance

CITY OF NEW BEDFORD  
62-OCPF  
ocpf@cpf.state.ma.us  
http://www.mass.gov/ocpf

2014 DEC 29 PM 2 57

BOARD OF ELECTION COMMISSIONER

CHECK ONE: CANDIDATES:  Candidate with Political Committee OR  Candidate without Political Committee  
COMMITTEES:  Political Action Committee  People's Committee  State Political Party Committee

Committee Name: Committee to Elect Steven Martins  
Mailing Address: 273 Shaw Street City/State/Zip: New Bedford, MA 02745

Treasurer's Name: Kelly Susa E-Mail: KS7585@aol.com Phone #: 508 717 4709  
Mailing Address: 307 Earle St #2 City/State/Zip: New Bedford MA 02740

Candidate's Name: Steven Martins E-Mail: Martinsward2@aol.com Phone #: 781 595 2749  
Mailing Address: 200 Riverside Avenue City/State/Zip: New Bedford MA 02746  
Office Sought/District: \_\_\_\_\_

### DESIGNATED FINANCIAL INSTITUTION:

I certify that the above named financial institution has been designated by me as the depository for campaign funds, and I authorize said financial institution to submit to the Director, Office of Campaign and Political Finance, the reports required by M.G.L. Chapter 55. SIGNED UNDER THE PENALTIES OF PERJURY:

Signature of Candidate: [Signature] Date: 12/27/14  
Signature of Treasurer: [Signature] Date: 12/27/14

### ACKNOWLEDGMENT BY FINANCIAL INSTITUTION

The undersigned financial institution is authorized to transact business and has its main office, or a branch office, in Massachusetts. The financial institution hereby acknowledges that it has been designated as the depository for campaign funds of the above named candidate and/or committee and agrees to file campaign finance reports with OCPF as prescribed by M.G.L. c. 55 until such time as OCPF notifies the financial institution that the account may be closed.

### AUTHORIZED BY:

Authorized employee's signature: [Signature] Date: 12/27/14  
Please print name: MELISSA GRAVEL Mailing Address: 1918 Acushnet Ave  
Title: ASSISTANT manager Phone #: 508 991 6681 City / State / Zip: New Bedford MA 02745  
DATE ACCOUNT OPENED: 01/10/2007  
Financial Institution: BANK OF AMERICA

### STATEMENT OF TREASURER / CANDIDATE

I affirm that, except as otherwise provided in M.G.L. c. 55, ss. 9 and 19(c), all payments for campaign purposes in excess of \$100, made by or for the benefit of the committee, or candidate, shall be made only from funds on deposit in the above-named depository.

SIGNED UNDER THE PENALTIES OF PERJURY:

Signature of Candidate: [Signature] Date: 12/27/14  
Signature of Treasurer: [Signature] Date: 12/27/14



Commonwealth of Massachusetts

CPF ID #: \_\_\_\_\_

(For Office Use Only)

# Form CPF 101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE Office of Campaign and Political Finance

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place, Room 411 Boston, MA 02108

(617) 979-8300  
ocpf@cpf.state.ma.us  
http://www.mass.gov/ocpf

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: Steven Martins

Residential Address: 200 Riverside Avenue - #305

City / State / Zip: New Bedford, MA

Phone #: 508-995-2749 E-Mail: Martinsward2@red.com

Party Affiliation: Democrat

**OFFICE SOUGHT/PURPOSE:**

Title: New Bedford City Councilor

District: Ward 2

*CITY OF NEW BEDFORD  
2014 DEC 29 PM 2 57  
BOARD OF ELECTION COMMISSIONER*

**COMMITTEE:** Name of Committee: Committee to Elect Steven Martins  
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 273 Snow Street

City / State / Zip: New Bedford, MA 02745 Phone #: 508-9952749

**OFFICERS:**

<b>Chairman:</b> <u>Kelly Sousa</u>	<b>Treasurer:</b> <u>Kelly Sousa</u>
Residential Address: <u>307 Earle St #2</u>	Residential Address: <u>307 Earle St #2</u>
City / State / Zip: <u>New Bedford MA 02740</u>	City / State / Zip: <u>New Bedford MA 02740</u>
Phone #: <u>508-7174709</u>	Phone #: <u>508-7174709</u>
Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Phone #: _____	Phone #: _____

(Attach an additional page, 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:

Candidate's signature

Date: 12/27/14

I hereby accept the office of Treasurer of the above-named committee. I understand that 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.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date: 12/27/14

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature

Date: 12/27/14



Commonwealth of Massachusetts

# Form CPF M T101: CHANGE OF TREASURER; ACCEPTANCE OF OFFICE BY TREASURER MUNICIPAL FORM

Office of Campaign and Political Finance **CITY OF NEW BEDFORD**

File with: City / Town Clerk or Election Commission

2014 DEC 29 PM 2 57

1. Committee Name: Committee to Elect Steven Martin's **BOARD OF ELECTION COMMISSIONER**
2. New Treasurer: Kelly Susa
- 2a. Treasurer's Address: 307 Earte St #2
- City / State / Zip: New Bedford MA 01910 Phone #: 508-714-7709 E-mail: KJS1585@aol.com
3. Committee Mailing Address: 273 Shaw Street
- City / State / Zip: New Bedford MA 02745 Phone #: 508-995-2719

I hereby accept the office of treasurer of the above-named committee. I understand that 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. I am aware that an appointed public employee may not serve as treasurer of a political committee and that a candidate or elected official may not serve as the treasurer of a political action committee except as authorized by M.G.L. c. 55, s. 5A.

SIGNED UNDER THE PENALTIES OF PERJURY:

Kelly Susa  
Treasurer's signature

Date: 12/27/14

### FOR CANDIDATE COMMITTEES ONLY

I hereby consent to the appointment of the new treasurer of this committee.  
SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature]  
Candidate's signature

Date: 12/27/14

### SELECTED EXTRACTS FROM M.G.L. C. 55

**Section 3** requires the director to:

"assess a civil penalty for any [late filed] report ... of twenty-five dollars (\$25) per day ... [up to \$5,000 per report]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate; and in all other instances, the civil penalty shall be assessed against the treasurer of a political committee ....

**Section 5** outlines statements of organization of political committees:

... Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid, or while the name and address of any of its officers or members, as originally or subsequently chosen, is not filed in accordance with the provisions of this section or chapter 52, as the case may be.

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election ....

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents ....





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

CITY OF NEW BEDFORD

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2015 JAN 21 AM 8 44

### Fill in dates:

Reporting Period Beginning

Month

Date

Year

1 1 2014

BOARD OF ELECTION  
Ending COMMISSIONER

Year

2014

### Type of report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

Martin "Marty" Treadup

Full Name of Candidate (if applicable)

ASSESSOR-AT-LARGE

Office Sought and District

406 JOHN ST

Residential Address

508 999-3156

Tel. No. (optional)

Com to Elect "Marty Treadup"

Committee Name

BRIAN M. TREADUP

Name of Committee Treasurer

406 JOHN ST

Committee Mailing Address

New Bedford, MA

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report

\$ 7543.76

Line 2: Total receipts this period (page 2, line 11)

\$ 0

Line 3: Subtotal (line 1 plus line 2)

\$ 7543.76

Line 4: Total expenditures this period (page 3, line 14)

\$ 7531

Line 5: Ending balance (line 3 minus line 4)

\$ 7468.45

Line 6: Total in-kind contributions this period (page 4)

\$ 0

Line 7: Total (all) outstanding liabilities (page 4)

\$ 7293.73

Line 8: Name of bank(s) used ST. ANNE'S 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 (in ink)

Brian M. Treadup

Date

1/15/15

### FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

### 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 signature (in ink)

[Signature]

Date

1/15/15

**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.*

This page may be copied 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)
	<i>None</i>			
<b>Line 9: Total receipts in excess of \$50 (or listed above)</b>		0		
<b>Line 10: Total receipts \$50 and under* (not listed above)</b>		0		
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	<i>None</i>			
			Line 15: In-kind over \$50	0
			Line 16: In-kind \$50 and under	0
			Line 17: Total In-kind	0

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
1993	Martin "Marty" Treadup	406 John St N 3	Loan To Campaign	838 <sup>89</sup>
1999	" "	" "	Loan To Campaign	6454 <sup>84</sup>
			Line 18: OUTSTANDING LIABILITIES (ALL)	7293 <sup>73</sup>

Enter on page 1, line 7

