



The Commonwealth of Massachusetts

ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT

CPF ID #: _____

(For Office Use Only)

NAME OF CITY/TOWN: _____ WARD (if applicable): _____

PARTY: _____ DATE OF REPORT: _____

INDICATE THE PURPOSE OF THIS REPORT BY CHECKING THE APPROPRIATE BOX BELOW:

STATEMENT OF ORGANIZATION CHANGE OF OFFICER(S) MEMBERSHIP UPDATE

Submit this report to the four offices listed below. File the original with the Office of Campaign and Political Finance, and file copies of this report with the other three offices listed.

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| <p>1. Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300 / (800) 462-OCPF (toll free in MA)
ocpf@cpf.state.ma.us / http://www.mass.gov/ocpf</p> | <p>2. Secretary of the Commonwealth, William Francis Galvin
Elections Division
One Ashburton Place, Room 1705
Boston, MA 02108
(617) 727-2828 / (800) 462-VOTE (toll free in MA)
elections@sec.state.ma.us / http://www.sec.state.ma.us/ele/eleidx.htm</p> |
| <p>3. State Party Committee Headquarters</p> | <p>4. City / Town Clerk or Election Commission</p> |

City Ward Committee secretaries must also file a list of officers and members with the chairman of the city committee of the political party which it represents (Ch. 52, Sec. 5).

PLEASE LIST BELOW THE NAME, RESIDENTIAL ADDRESS AND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE:

Chairperson: _____ Residential Address: _____ City / State / Zip: _____ Email: _____ Phone #: _____	Secretary: _____ Residential Address: _____ City / State / Zip: _____ Email: _____ Phone #: _____
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Treasurer*: _____ Residential Address: _____ City / State / Zip: _____ Email: _____ Phone #: _____	<p>*A public employee may not serve as treasurer of any political committee.</p> <p><i>M.G.L. c. 55, s. 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.</i></p>
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I hereby submit this list of officers and members (including associate members) of the above-mentioned committee to the Secretary of the Commonwealth in accordance with Ch. 52, Sec. 5 of the Massachusetts General Laws.

Date: _____

Secretary'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; and 2) if after my acceptance of this office I become an appointed public employee, I must resign and notify OCPF of my resignation.

SIGNED UNDER THE PENALTIES OF PERJURY:

Date: _____

Treasurer's signature

LIST OTHER OFFICER'S & MEMBER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES ON THE REVERSE

NAME OF CITY / TOWN / WARD: _____

LIST OTHER OFFICER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____

MEMBERS:

Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____
Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____
Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____
Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____
Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____
Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____
Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____
Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____

ASSOCIATE MEMBERS:

Associate Member: _____ Residential Address: _____ City / State / Zip: _____	Associate Member: _____ Residential Address: _____ City / State / Zip: _____
Associate Member: _____ Residential Address: _____ City / State / Zip: _____	Associate Member: _____ Residential Address: _____ City / State / Zip: _____
Associate Member: _____ Residential Address: _____ City / State / Zip: _____	Associate Member: _____ Residential Address: _____ City / State / Zip: _____

(Attach an additional page, if necessary, with other officers, members and associate members.)