

Form CPF 111: REPORT OF ASSOCIATION OR OTHER GROUP MAKING CONTRIBUTIONS TO OR EXPENDITURES ON BEHALF OF CANDIDATES, PACS OR PARTY COMMITTEES

Commonwealth
of Massachusetts

Office of Campaign and Political Finance

For State or County Activity:
File with Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108

For Municipal Activity:
File with City or Town Clerk
or Local Election Commission

Reporting Period: from: _____ to: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Type of Report: 8th day preceding primary/preliminary 8th day preceding election 30th day after election July 20th January 20th

On behalf of: State / County Candidates, PACs & Party Committees or Municipal Candidates

Name of Association or Group: _____

Name & Title of Principal Officers: _____

Mailing Address: _____ City / State / Zip: _____

Determination of incidental threshold:

1. Total gross revenues of previous calendar year:	\$ _____
2. 10% of line 1 or \$15,000, whichever is less:	\$ _____
3. Total expenditures, donations to committees and liabilities incurred during calendar year:	\$ _____

If line 3 exceeds line 2, reports are required for the stated calendar year.

POLITICAL EXPENDITURES AND CONTRIBUTIONS TO CANDIDATES/COMMITTEES (attach additional pages is necessary):

Date Paid	To Whom Paid <i>(Alphabetical listing)</i>	Address	Purpose <i>(Check box if Inkind Contribution)</i>	Amount or Value*
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Total expenditures/contributions on this report: _____

Total expenditures/contributions previously reported: _____

Total expenditures/contributions to date: _____

*Inkind contributions (donations of goods or services) should be included in this list.

LIABILITIES*:

Date Incurred	To Whom Due	Address	Purpose	Amount

Total liabilities on this report:

Total liabilities previously reported and currently outstanding:

Total outstanding liabilities** :

* A liability exists and must be reported if the association or group has received a good or service that it has not paid for, even if the association or group has not received a bill or invoice. If the amount of the liability has not been determined or is in dispute, the liability should be estimated or reported as "to be determined" or "in dispute."

** The final report must show zero liabilities.

I certify that this report is a true statement of the amount or value of every gift, payment, expenditure or contribution or promise to give, pay, expend or contribute, together with the date, purpose, and full name and address of the person to whom it was made.

Signed under the penalties of perjury:

Signature of Officer

Date: _____ Name: _____
(MM/DD/YYYY)

WHO NEEDS TO FILE THIS FORM?

Once an organization has made political contributions or expenditures or incurred liabilities to support candidates or political committees in excess of the "incidental threshold" (i.e., \$15,000 or 10% of such organization's gross revenues for the previous year, whichever is less), a duly qualified officer must file this report. The report must disclose all contributions and expenditures made and liabilities incurred during the calendar year. The obligation to file a report continues for each year thereafter until the year after a year in which the incidental threshold is not reached.

WHERE SHOULD THIS FORM BE FILED?

State and County Candidates or Committees: If contributions or expenditures are made to support or oppose state or county candidates or committees this form should be filed with OCPF.

Municipal Candidates or Committees: If contributions or expenditures are made to support or oppose municipal candidates or committees this form should be filed with the city or town clerk or election commission.

WHERE CAN I GET MORE INFORMATION?

You can view or download OCPF Interpretive Bulletin IB-88-01 from the Legal Resources section of OCPF's website at www.mass.gov/ocpf.

Call OCPF at (617) 979-8300 or (800) 462-OCPF.