

Form CPF 111: REPORT OF ASSOCIATION OR OTHER GROUP MAKING CONTRIBUTIONS TO OR EXPENDITURES ON BEHALF OF CAMPIDATES PACEOR PARTY COMMITTEES

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

Boston, MA 0210	98				
	Reporting Period:		08/22/2014 (MM/DD/YYYY)		
Type of Report	; X 8th day preceding primary/pr	reliminary 8th day preceding e	election 30th day after election	January 20th	1
On behalf of:	State / County Candidates, Pa	ACs & Party Committees or	Municipal Candidates		
Name of Associ	iation or Group: UNITE HERE T	TP State and Local Fund			
Name & Title o	f Principal Officers: Donald Taylor, I	President / Thomas G. Snyder, Vice Pr	resident		
	s: 275 Seventh Avenue, 11th Floor		/ Zip: New York	NY · 10001	
Determination o	f incidental threshold:	Total gross revenues of previous calend	dar vear	\$2181425	5 20
		0% of line 1 or \$15,000, whichever is	•	\$ 15,000.0	
			ittees and liabilities incurred during calen		<i>J</i> 0
		eeds line 2, reports are required for		uai yeai. \$ 0.00	
POLITICAL EX	PENDITURES AND CONTRIBUTE	ONS TO CANDIDATES/COMMITT	EES (attach additional pages is necessary):	
Date Paid	To Whom Paid (Alphabetical listing)	Address	Purpose (Check box if Inkind Contribution,	Amou or Valu	
		·			
Total expenditures/contributions on this report:					
		То	tal expenditures/contributions previously	<u> </u>	0.00
			Total expenditures/contribution	·	0

./		
11	ARII	*PAITI

Date Incurred	To Whom Duc	Address	Purpose	Amount
			Total liabilities on this report:	0
		Total liabilitie	es previously reported and currently outstanding:	0
			Total outstanding liabilities**:	0

- * 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.

Igned under the penalties of perjury:

Signature of Officer

Date: 08/27/2014 Name

Zaina Tamnu-Khar

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, county and municipal candidates and committees who file with OCPF: If contributions or expenditures are made to support or oppose candidates or committees who file with OCPF, this form should be filed with OCPF.

Municipal candidates and committees who do not file with OCPF: If contributions or expenditures are made to support or oppose candidates or committees who file with local election officials, 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.ocpf.us.

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