CPF ID #:	
	(For Office Use Only)



Form CPF D103: Appointment of Depository Bank

Office of Campaign and Political Finance

of Massachusetts	
Committee Name	Dianna Ploss 'Roadmap for Freedom' Governor
Office Sought/Dis	trict: State-wide
Candidate Name:	Dianna Ploss
Candidate E-Mail:	Dianna@DiannaPloss.com
Treasurer Name:	Margot Walbourne
Treasurer E-Mail:	Treasurer@DiannaPloss.com
~	ACTIVITY PRIOR TO ESTABLISHING DEPOSITORY BANK ACCOUNT
Has the ca incurred liabilities i	Please check one ndidate or committee raised or spent money, including the candidate's own funds, received in-kind contributions or for political purposes prior to establishing this bank account?
□ Y	es: Continue with this form and contact OCPF. A report will be e-filed to disclose this activity.
⊠ N	o: Continue with this form.
I certify t	hat the bank named below has been designated as the depository for campaign funds and I authorize said bank to submit to
the Director of the (Office of Campaign and Political Finance the reports required by M.G.L. Chapter 55. I agree that all financial activity the bank account is opened shall be conducted through the depository account.

SIGNED UNDER THE PENALTIES OF PERJURY

Signature of Candidate

Date: 8/2/21

Signature of Vreasurer

Date: 8/2/21

ocpf@cpf.state.ma.us

www.OCPF.us

(Below to be completed by bank)

BANK ACKNOWLEDGMENT

The undersigned bank is authorized to transact business and has its main office, or a branch office, in Massachusetts. The bank hereby acknowledges that it has been designated as the depository for campaign funds of the above named candidate or committee and agrees to file campaign finance reports with OCPF as required by c. 55 until such time as OCPF notifies the bank that its reporting requirements are

no longer required.	o corr nounces the bank that its reporting requirements are
	1 /
Bank Name: Conton Cooperative Bon	Date: 8/2/2/
	Authorized by: MC4)28
Phone #: 781 - 808 - 8811 \(\text{L} \)	Fitle: Dranch Marco.
E-mail: pholecontenceoplant, com	1 One of
Bank Mailing Address 67 6 Contract	4119
City / State / Zip: Commod Did A	Authorized Employee's Signature
One Ashburton Place, Room 411, Boston, MA 02108 Phone:617-979-	8300 www.OCPF.us ocnf@cnf.state.ma.us