

Form CPF 102 GTO CPF ID #: _____
Year-End Report of General Treasury Organization
Pursuant to 970 CMR 1.22

Commonwealth of Massachusetts

Office of Campaign and Political Finance

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

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Reporting Period: From: _____ (MM/DD/YYYY)	To: _____ (MM/DD/YYYY)
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Name of Association or Group: _____	
Name and Title of Principal Officer: _____	
Mailing Address: _____	
City/Town: _____	State: _____ Zip Code: _____
Telephone: _____	Email: _____
Name of Depository Account: _____ GTOPAC (Name of account must include GTOPAC)	

<u>Annual aggregate transactions that are not contributions or expenditures as defined in M.G.L. c. 55</u>
Receipts: _____
Disbursements: _____

I hereby certify on behalf of the Association or Group named above that:

1. Itemization of all contributions and expenditures as defined in M.G.L. c. 55, excluding contributions to IEPACs and ballot question committees and independent expenditures made, were disclosed in the PAC depository account registered with OCPF (check following applicable box)
 In excess of incidental threshold in first calendar year In total in subsequent calendar year;
2. The total aggregate receipts and disbursements for the current calendar year that are not contributions or expenditures as defined by M.G.L. c. 55 are disclosed herein;
3. Contributions and expenditures were made solely from general treasury funds of the organization and not in any part from funds received for political purposes; and
4. The general treasury from which the contributions and expenditures were made does not include money derived from business or professional corporations or partnerships as defined in M.G.L. c. 55, s. 8.

<u>Determination of Incidental Threshold for Following Year</u>
1. Total gross revenues during Reporting Period: _____
2. 10% of line 1 or \$15,000, whichever is less: _____
3. Total expenditures, contributions to candidates and/or committees, and liabilities incurred by the association or group during the current calendar year: _____
If line 3 exceeds line 2, the association or group is required report activity as a PAC in the calendar year in which the incidental threshold is exceeded, report the following calendar year, and report in each following calendar year until the incidental threshold is not exceeded and the GTOPAC dissolves.

Signed under the pains and penalties of perjury:

_____ (Signature of Treasurer of GTOPAC)	_____ (Print Treasurer's Name)
Date: _____	
_____ (Signature of Association or Group's Duly Authorized Officer)	_____ (Print Officer's Name)
Date: _____	

(If applicable, check box and sign below) The organization hereby DISSOLVES the registration of the PAC.

Treasurer of GTOPAC: _____ Association or Group's Duly Authorized Officer: _____