



Commonwealth
of Massachusetts

**Form CPF M 18E-D: Notice of Dissolution
Segregated Fund Account**
Office of Campaign and Political Finance

File with: City/Town Clerk or
Local Election Official

Name of Fund: _____

Candidate or Committee on whose behalf the fund was created

Name: _____

Person Filing Report

Name: _____ **Title:** _____ **Phone #:** _____

I hereby notify my City/Town Clerk or Local Election Official that the above segregated fund account has been closed.
I certify that:

- The purpose(s) for which the fund was organized has/have been accomplished;
- All of the donations received by the fund were reported in accordance with M.G.L. c. 55, s. 18E(b);
- The fund has no money and no debts; and
- Any remaining money in the fund's account was disposed of in a manner consistent with the residual funds clause of M.G.L. c. 55, s. 18.

SIGNED UNDER THE PENALTIES OF PERJURY

Authorized Signature (Check One):

- Candidate Candidate Committee Chair Candidate Committee Treasurer

(Signature) Date: _____

Name (Please Print): _____ Title: _____