



Commonwealth of Massachusetts

Form CPF 101 SFA: STATEMENT OF ORGANIZATION SEGREGATED FUND ACCOUNT FOR CANDIDATE OR COMMITTEE

Office of Campaign and Political Finance

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

(617) 979-8300
(800) 462-OCPF
www.ocpf.us
ocpf@mass.gov

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, Section 18E and 970 CMR 1.20, as amended, of the organization of a segregated fund account as follows:

1. Type of Fund (check one): Inaugural Recount Legal Defense

**A State Party Committee may only establish a legal defense fund*

2. Purpose (include court and docket number if applicable): _____

3. Name of Fund: _____
(Include full name of candidate or committee on whose behalf fund was created)

4. Person Filing Reports:

Name: _____

Mailing Address: _____

City / State / Zip: _____

Phone Number: _____ E-mail Address: _____

5. Financial Institution where the account is located:

Bank Name: _____

Address: _____

City / State / Zip: _____

6. Candidate or Committee on whose behalf the fund was created:

Name: _____

Mailing Address: _____

City / State / Zip: _____

Phone Number: _____ E-mail Address: _____

7. Authorized Signature (Check One):

Candidate Candidate Committee Chair Candidate Committee Treasurer State Party Chair State Party Treasurer

Signature: _____ Date: _____

Name (please print): _____ Title: _____