



Commonwealth
of Massachusetts

Form CPF 18E: Notice of Dissolution Segregated Fund Account

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

Name of Fund: _____ CPF ID #: _____

Candidate or Committee on whose behalf the fund was created:

Name: _____ CPF ID #: _____

Person Filing Report:

Name: _____ Title: _____ Phone #: _____

I hereby notify OCPF 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 State Party Chair

State Party Treasurer

(Signature) Date: _____

Name (Please Print): _____ Title: _____