



Commonwealth of Massachusetts

Form CPF M 101 SFA: STATEMENT OF ORGANIZATION SEGREGATED FUND ACCOUNT FOR CANDIDATE OR COMMITTEE Office of Campaign and Political Finance

File with: City or Town Clerk
or Local Election Official

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

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

Signature: _____ Date: _____

Name (please print): _____ Title: _____