



Commonwealth of Massachusetts

Form CPF M 101 SFA: STATEMENT OF ORGANIZATION CANDIDATE'S SEGREGATED FUND ACCOUNT 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, as amended, of the organization of a candidate's segregated fund account as follows:

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

2. Segregated Fund Account Information:

Name of Fund: _____

Contact Person: _____

Mailing Address: _____

City / State / Zip: _____

Phone Number: _____ E-mail Address: _____

3. Financial Institution where the account is located:

Bank Name: _____

Address: _____

City / State / Zip: _____

4. Candidate on whose behalf the fund was created:

Candidate's Name: _____

Mailing Address: _____

City / State / Zip: _____

Phone Number: _____ E-mail Address: _____

5. Authorized Signature:

_____ Date: _____

Authorized By (Candidate or Committee Treasurer): _____