



Commonwealth of Massachusetts

Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

STATE ELECTION COMMISSION

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

2017 AUG - 8 P 3:09

CANDIDATE: Full Name: Matthew Miller NEWTON, MASS
 Residential Address: 26 Shute Path
 City / State / Zip: Newton MA 02459
 E-Mail Address: matthaw@matty.schoeds.com Phone #: 617-394-8833
 Party Affiliation: Democrat (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: School Committee
 District: Ward

COMMITTEE: Name of Committee: CTE Matthew Miller
(The name of the committee must include the candidate's last name)
 Committee Mailing Address: 26 Shute Path
 City / State / Zip: Newton MA 02459 Phone #: 617-394-8833

OFFICERS:

Chairman: <u>matthew miller</u> Residential Address: <u>26 Shute Path</u> City / State / Zip: <u>Newton MA 02459</u> Phone #: <u>617-394-8833</u>	Treasurer*: Residential Address: _____ City / State / Zip: _____ Phone #: _____ Email: _____ <small>*A public employee may not serve as treasurer of any political committee (see reverse).</small>
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature] Date: 8/8/17
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature Date: _____

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature] Date: _____
Chairman's signature



Commonwealth of Massachusetts

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Office of Campaign and Political Finance

RECEIVED Newton City Clerk 2016 OCT 14 AM 10:01

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE: Full Name: MATTHEW MILLER Residential Address: 26 SHUTE PATH City / State / Zip: NEWTON MA 02459 E-Mail Address: mmiller2942@gmail.com Phone #: 305-609-6288 Party Affiliation: (If applicable) OFFICE SOUGHT/PURPOSE: Title: School Committee Member District: Ward 8

COMMITTEE: Name of Committee: COMMITTEE TO ELECT MATTHEW MILLER (The name of the committee must include the candidate's last name) Committee Mailing Address: 26 SHUTE PATH City / State / Zip: NEWTON MA 02459 Phone #: 305-609-6288

OFFICERS: Chairman: HOLLY RYAN Residential Address: 21 AVERY PATH City / State / Zip: NEWTON MA 02459 Phone #: 617-244-1133 Treasurer*: CLAUDIA BOWMAN Residential Address: 161 LOWELL AVE. #2 City / State / Zip: NEWTON MA 02460 Phone #: 978-790-1790 Email: CLAUDIAS68@GMAIL.COM *A public employee may not serve as treasurer of any political committee (see reverse). Other Officer/Title: Residential Address: City / State / Zip: Phone #:

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature Date: 10/13/16

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature Date: 10/13/16

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature Date: 10/13/2016