

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

Office of Campaign and Political Finance TION

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's commit	tee as follows:				A ውው		
CANDIDATE:	Full Name:	Hlaw Miller		REW LOR. FL	<del>700</del>		
	Residential Address: 26						
	City / State / Zip: $\sqrt{\rho_{1}} \sim$	6 Shute Path			MA	02455	
	E-Mail Address: Muthlaw	@ mally sch	ad con		Phone #: (	17-394-883>	
	Party Affiliation:	· · · · · · · · · · · · · · · · · · ·			(If applicable)		
OFFICE SOUG	HT/PURPOSE:	., 00				(== = = = = = = = = = = = = = = = = = =	
	Title:	al Con.	- Her				
	District: (b) sub						
COMMITTEE:	Name of Committee:	TE Metter	, Miller				
	(The name of the committee must include the candidate's last name)  Committee Mailing Address:						
	City / State / Zip:	3 July 1 mg	M (	BOUSE	Phone #: 61	2341 8832	
OFFICERS:		entor	1, 27	JL757	Filolie #. Ol	<u>7-394-8833</u>	
Chairman:	000	1100	Treasurer*:				
Residential Address:	210 Clarate	Dali	Residential Address:				
City / State / Zip:	Variable	Path	City / State / Zip:				
Phone #: (0) 7- 30		MA 02459	Phone #:	F 1			
1 none #. <u>Q1 /- 50</u>	94-8833			Email		ical committee (see reverse).	
Other Officer/Title:			Other Officer/Title:	iay not belye us th	susurer of unit point	ical committee (see reverse).	
Residential Address:			Residential Address:				
City / State / Zip;			City / State / Zip:				
Phone #:			Phone #:				
	(Complete and attach a For						
behalf. I am aware th the relevant election.	e filing of this committee. I under at candidates are required to keep IE PENALTIES OF PERJURY:	rstand that a candidate s detailed accounts and r	hall not give consent ecords of all campaig	to the organizat	ion of more than ty for a period of	six years from the date of	
		Candidate's signatu				Date: 8/8/17	
that: 1) I am subject to and records of all cam	fice of Treasurer of the above-name certain duties and liabilities under upaign finance activity for a period loyee, I must resign this position a non his/her behalf.	ned committee. I affirm or M.G.L. c. 55, including I of six years from the d	that I am not a publing the timely filing of the relevant el	f campaign finate ction; 2) if afte	nce reports and k r my acceptance	eeping detailed accounts of this office I become an	
SIGNED UNDER TH	IE PENALTIES OF PERJURY:					Date:	
		Treasurer's signatur	e			zuv.	
	fice of Chairman of the above-nan E PENALTIES OF PERJURY:	ned committee.					
		Chairman's signatu	re			Date:	



## Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM RESERVED TO SEE THE PROPERTY OF THE PROPERTY OF

## Office of Campaign and Political Finance

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2016 OCT 14 AM 10: 01

NOTICE IS HERE candidate's commit		dance with the provisions of Ge	eneral Laws, Chapter 55, as ame	ended, of the or	7.78				
CANDIDATE:	Full Name: MATTHEW MILLER								
	Residential Address:	26 SHUTE PATH							
	City / State / Zip:			MA 02459					
					305-609-6288				
	Party Affiliation:	MMILLER942@ GMAIL. COM			(If applicable)				
OFFICE SOUG					(11 app)				
OFFICE SOUG	Title:		Haa						
School Collin			nee Member						
	District: Ward &								
COMMITTEE:	Name of Committee:	COMMITTEE TO	ELECT MATTHEW V	nilier					
	(The name of the committee must include the candidate's last name)								
	Committee Mailing Add	Committee Mailing Address: 26 Shure Party							
	City / State / Zip:	NEWTON	MA 02459	Phone #: <b>3</b>	05-609-6288				
OFFICERS:									
Chairman:	HOLLY RYA	J	Treasurer*:	a Bowmr	1 N				
Residential Address: 21 AVERY PATH				WELL AVE.					
Ci. In Id.					MA 02460				
Phone #: 617-244-1133				•					
617- 290	1-1153		Phone #: 918 -790-1790 Email: CLAUDIN 368@ AMML. COM *A public employee may not serve as treasurer of any political committee (see reverse).						
Other Officer/Title:			Other Officer/Title:						
Residential Address:			Residential Address:						
City / State / Zip:			City / State / Zip:						
Phone #:			Phone #:						
	(Complete and	attach a Form CPF M A 101, if necess	sary, with other officers and finance con	mmittee, if any.)					
behalf. I am aware the relevant election.	hat candidates are requi	red to keep detailed accounts and r	shall not give consent to the organize ecords of all campaign finance acti	zation of more the control of the co	nan one committee on his/her of six years from the date of				
					Date: 10/13/14				
		Candidate's signatu			-				
that: 1) I am subject and records of all car	to certain duties and lia mpaign finance activity ployee, I must resign th	bilities under M.G.L. c. 55, includi for a period of six years from the o	that I am not a public employee as ng the timely filing of campaign fi date of the relevant election; 2) if a resignation; and 3) a candidate ma	nance reports an fter my acceptan	d keeping detailed accounts ace of this office I become an				
SIGNED UNDER T	HE PENALTIES OF PI	ERJURY: C1—	- B		Date: 10/13/16				
		Treasurer's signatu	are						
I hereby accept the o	office of Chairman of the HE PENALTIES OF Pl	e above-named committee. ERJURY:							