

## Form CPF M101: STATEMENT OF ORGANIZATION **CANDIDATE'S COMMITTEE** MUNICIPAL FORM SAME OF ELECTION CAMPLE SIGNERS

Office of Campaign and Political Finance

File with:	City / Town	Clerk or	Election	Commission
I IIC VYICII.	CILY / LOVVII	CICIK OI	Licetion	Commission

2016 DEC 19 P 12: 11

NOTICE IS HERE candidate's commit	BY GIVEN in accordate as follows:	dance with the provisions of G	eneral Laws, Chapter 55	as amended, of the or	ganization of a		
CANDIDATE:	Full Name:	Kathleen Burde	He Shields				
	Residential Address:	55 Hobart Rd	recommend				
	City / State / Zip:	Noutron MA	02459				
	E-Mail Address:	khurdetteshield	4	Phone #: /	17-507-0347		
	Party Affiliation:		200 100 100 100	• • •	(If applicable)		
OFFICE SOUG	HT/PURPOSE:						
·	Title:	School Committee					
	District:	Ward 7					
COMMITTEE:	Name of Committee:		Ject Kathy Sh	7 72.5			
	(The name of the committee must include the candidate's last name)  Committee Mailing Address: 75 Hobart Rd						
	City / State / Zip:	Newton	MA 0245	50 Phone #: (a	17-630-9867		
OFFICERS:					1 43		
Chairman:	Matt Hills		Treasurer*:	eun B.	Curriel		
Residential Address:	75 Hebart	Rd		216 River			
City / State / Zip:	Veuten (en	toe, MA 07459	1	wton	MA 02465		
Phone #: 6(7-6	30-9867		Phone #: 6/7-957-3018  *A public employee may not so	— .	b@gnul.com		
Other Officer/Title:				vetary/Kathle			
Residential Address:				Hobart Rd			
City / State / Zip:					1A 02459		
Phone #:			Phone #: 617-527-23	•			
		attach a Form CPF M A 101, if neces					
behalf. I am aware the the relevant election.		ee. I understand that a candidate red to keep detailed accounts and red to keep detailed accounts and red RJURY:					
		<u>Kathleer</u> Candidate's signat		reldo .			
that: 1) I am subject to and records of all can	o certain duties and liab npaign finance activity f loyee, I must resign this	above-named committee. I affirm pilities under M.G.L. c. 55, includi- for a period of six years from the s position and notify OCPF of my	ing the timely filing of campa date of the relevant election; 2	nign finance reports and 2) if after my acceptanc	keeping detailed accounts e of this office I become an		
•	IE PENALTIES OF PE	Treasurer's signature.	K W		Date: 12/6//6		
	fice of Chairman of the HE PENALTIES OF PE	above-named committee.	Al 11				