



Commonwealth
of Massachusetts

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

File with: Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108

(617) 979-8300
(800) 462-OCPF
www.mass.gov/ocpf
ocpf@MassMail.State.MA.US

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a segregated fund account as follows:

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

** A state party committee may only establish a legal defense fund.*

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 or Committee on whose behalf the fund was created:

Name: _____

Mailing Address: _____

City / State / Zip: _____

Phone Number: _____ E-mail Address: _____

5. Authorizing Signature (Candidate or Treasurer):

Date: _____

Name (please print): _____