Commonwealth of Massachusetts
Elected City, Ward and Town Political Committee Report

Name of city or town ***Ward*** *if applicable* ***Party Affiliation***

Indicate purpose of this report by checking (✓) the appropriate box below.

❒ *Statement of Organization* ❒ *Change of Officer(s)*

❒ *Membership update* *Date of this report*

Submit this report to the four offices listed below. File the original report with the Office of Campaign and Political Finance, and file copies of this report with the other three offices listed.

1. Office of Campaign and Political Finance
   One Ashburton Place, Room 411
   Boston, MA 02108
   617-727-8352
2. Secretary of the Commonwealth, William Francis Galvin
   Public Records Division
   One Ashburton Place, Room 1719
   Boston, MA 02100
   617-727-2832
3. State Party Committee Headquarters
4. City/Town Clerk or Election Commission

* *City Ward Committee Secretaries must also file a list of officers and members with the chairman of the city committee of the political party which it represents.* (Ch. 52, Sec. 5)

Please print or type below the name, residential address and zip code of the officers of this committee.

Chairperson:

Name *Street address* *city/town/zip*

Secretary:

Name *Street address* *city/town/zip*

Treasurer:

Name *Street address* *city/town/zip*

I hereby submit this list of officers and members (including associate members) of the above mentioned committee to the Secretary of the Commonwealth in accordance with Chapter 52, Sec. 5 of the Mass. General Laws.

✍ ***Secretary please sign here*** ***Date***

I hereby accept the office of Treasurer of this committee. I understand that I am subject to certain duties and liabilities under Ch. 55, including timely filing of campaign finance reports. I am aware that an appointed public employee may not serve as treasurer of a political committee. This acceptance is required to be filed with the Office of Campaign and Political Finance as provided in Chapter 55, Sec. 5 of the Mass. General Laws.

✍ ***Treasurer please sign here*** ***Date***

List other officers names, title, residential address and zip code below.

Use reverse side of this form to list remaining membership of this committee.

Name of City or Town & Ward

Elected Ward and Town Political Committee Report

Print or Type

Associate members