Commonwealth
of Massachusetts

Form CPF 111: REPORT OF ASSOCIATION OR OTHER GROUP MAKING CONTRIBUTIONS TO OR EXPENDITURES ON BEHALF OF CANDIDATES, PACS OR PARTY COMMITTEES

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Fill in dates: Reporting Period Beginning: _____ Ending: _____

State/County Candidates, PACs & Party Committees - Type of Report: (Check one)
☐ 8th day preceding primary ☐ 8th day preceding election ☐ January 20th

Municipal Candidates -Type of Report: (Check one)
☐ 8th day preceding primary ☐ 8th day preceding election ☐ 30 days after election (Towns only) ☐ January 20th

1. Name of Association or Group _____

2. Address _____

3. Name and Title of Principal Officers _____

_____

Determination of incidental threshold:
1. Total gross revenues of previous calendar year $_____
2. 10% of line 1 or $15,000, whichever is less $_____
3. Total expenditures, donations to committees and liabilities during calendar year $_____*

*If line 3 exceeds line 2, reports are required for the stated calendar year.

POLITICAL EXPENDITURES AND CONTRIBUTIONS TO CANDIDATES/COMMITTEES

(Attach additional pages if necessary)

Date Paid	To Whom Paid (Alphabetical listing)	Address	Purpose	Amount or Value**
			Total expenditures/contributions on this report	
			Total expenditures/contributions previously reported	
			Total expenditures/contributions to date	

**In-kind contributions should also be included here.

OVER

LIABILITIES*

Date Incurred	To Whom Due	Address	Purpose	Amount
			Total liabilities on this report	
			Liabilities previously reported and still outstanding	
			Total outstanding liabilities**	

* A liability exists and must be reported if the association or group has received a good or service that it has not paid for, even if the association or group has not received a bill or invoice. If the amount of the liability has not been determined or is in dispute, the liability should be estimated or reported as "to be determined" or "in dispute."

** Final report must show zero liabilities.

I certify that this report is a true statement of the amount or value of every gift, payment, expenditure or contribution or promise to give, pay, expend or contribute, together with the date, purpose and full name and address of the person to who it was made.

Signed under the penalties of perjury.

Signature of officer Date

WHO NEEDS TO FILE THIS FORM? Once an organization has made political contributions or expenditures or incurred liabilities to support candidates or political committees in excess of the "incidental threshold" (i.e., $15,000 or 10% of such organization's gross revenues for the previous year, whichever is less), a duly qualified officer must file this report. The report must disclose all contributions and expenditures made and liabilities incurred during the calendar year. The obligation to file a report continues for each year thereafter until the year after a year in which the incidental threshold is not reached.

WHERE SHOULD THIS FORM BE FILED?

State and County Candidates or Committees: If contributions or expenditures are made to support or oppose state or county candidates or committees this form should be filed with OCPF.

Municipal Candidates or Committees: If contributions or expenditures are made to support or oppose municipal candidates or committees this form should be filed with the city or town clerk or election commission.

WHERE CAN I GET MORE INFORMATION?

OCPF Interpretive Bulletin IB-88-01
Call OCPF at (617) 727-8352 or (800) 462-OCPF