



Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

2018 FEB -5 A 11: 46

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: **TOWN CLERK
TOWN OF WESTWOOD**

CANDIDATE: Full Name: Maya Plotkin
 Residential Address: 165 Clapboardtree St
 City / State / Zip: Westwood MA 02090
 E-Mail Address: maya@mayaplotkin.com Phone #: 617-794-2277
 Party Affiliation: _____ (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: School Committee, Member
 District: Town of Westwood

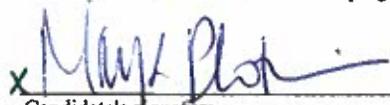
COMMITTEE: Name of Committee: Committee to Elect Maya Plotkin
 (The name of the committee must include the candidate's last name)
 Committee Mailing Address: 558 Clapboardtree St
 City / State / Zip: Westwood MA 02090 Phone #: 781-326-6049

OFFICERS:

| | |
|--|---|
| Chairman: <u>Maya Plotkin</u> Residential Address: <u>165 Clapboardtree St</u> City / State / Zip: <u>Westwood</u> <u>MA</u> <u>02090</u> Phone #: <u>617-794-2277</u> | Treasurer*: <u>Sara Michelmore</u> Residential Address: <u>558 Clapboardtree St</u> City / State / Zip: <u>Westwood</u> <u>MA</u> <u>02090</u> Phone #: <u>646-465-0375</u> Email: <u>sara.michelmore@gmail.com</u> <i>*A public employee may not serve as treasurer of any political committee (see reverse).</i> |
| Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____ | Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____ |

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY: x  Date: 2/1/18
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:  Date: 2/1/18
Treasurer's signature

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY: x  Date: 2/1/18
Chairman's signature