



Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

2019 JAN 11 P 1:03

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:

CANDIDATE: Full Name: Isaac Silberberg
Residential Address: 468 Walnut St
City / State / Zip: Brookline MA 02445
E-Mail Address: isaac@isaacsilberberg.com Phone #: 617-943-1446
Party Affiliation: (If applicable)
OFFICE SOUGHT/PURPOSE: Title: Select Board
District: Brookline

COMMITTEE: Name of Committee: Committee to Elect Isaac Silberberg
(The name of the committee must include the candidate's last name)
Committee Mailing Address: 468 Walnut Street
City / State / Zip: Brookline MA 02445 Phone #: 617-943-1446

OFFICERS: Chair: Isaac Silberberg
Residential Address: 468 Walnut Street
City / State / Zip: Brookline MA 02445
Phone #: 617-943-1446 isaac@isaacsilberberg.com
Treasurer\*: Matthew Gifford
Residential Address: 8 Wolcott Rd
City / State / Zip: Brookline MA 02467
Phone #: 339-203-5799 Email: MatthewPGifford@gmcil.com
Other Officer/Title:
Residential Address:
City / State / Zip:
Phone #:

(Complete and attach a Form CPF MA 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:

Candidate's signature Date: 1/11/19

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:

Treasurer's signature Date: 1/10/19

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chair's signature Date: 1/11/19



Commonwealth of Massachusetts

# ACCEPTANCE OF OFFICE BY TREASURER MUNICIPAL FORM

## Office of Campaign and Political Finance

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK

File with: City / Town Clerk or Election Commission

1. Committee Name: Committee to Elect Isaac Silberberg APR 22 P 2:06
2. New Treasurer\*: Thomas Joseph Delgado  
\* A public employee may not serve as treasurer of any political committee (see below).
- 2a. Treasurer's Address: 142 Holland St Apt 1  
 City / State / Zip: Somerville MA 02144 Phone #: 804 386 4302 E-mail: thomjdelgado@gmail.com
3. Committee Mailing Address: 1789 Beacon St Apt 2  
 City / State / Zip: Brookline MA 02445 Phone #: 1617 943 1446

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 or elected official may not serve as treasurer of a political action committee except as authorized by M.G.L. c. 55, s. 5A nor for the political committee organized on his/her behalf.

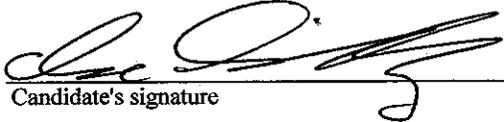
SIGNED UNDER THE PENALTIES OF PERJURY:

  
Treasurer's signature Date: 21 Apr 19

### FOR CANDIDATE COMMITTEES ONLY

I hereby consent to the appointment of the new treasurer of this committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

  
Candidate's signature Date: 4/21/2019

### DEFINITION OF A PUBLIC EMPLOYEE

M.G.L. Chapter 55, Section 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.

### SELECTED EXTRACTS FROM M.G.L.C. 55

**Section 3** requires the director to:

"assess a civil penalty for any [late filed] report ... of twenty-five dollars (\$25) per day .... [up to \$5,000 per report]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate; and in all other instances, the civil penalty shall be assessed against the treasurer of a political committee ....

**Section 5** outlines statements of organization of political committees:

... Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid, or while the name and address of any of its officers or members, as originally or subsequently chosen, is not filed in accordance with the provisions of this section or chapter 52, as the case may be.

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election....

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents ....



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

Office of Campaign and Political Finance

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TOWN CLERK

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: 2019 FEB 14 A 9 54

**CANDIDATE:** Full Name: Raul Fernandez

Residential Address: 5 Winchester Street Apt. 303

City / State / Zip: Brookline MA 02446

E-Mail Address: raul@bu.edu Phone #: (305) 401-5735

Party Affiliation:    (If applicable)

**OFFICE SOUGHT/PURPOSE:**

Title: Select Board

District: Brookline

**COMMITTEE:** Name of Committee: Committee to Elect Raul Fernandez  
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 5 Winchester Street

City / State / Zip: Brookline MA 02446 Phone #: (305) 401-5735

**OFFICERS:**

<p><b>Chairman:</b> <u>Raul Fernandez</u></p> <p>Residential Address: <u>5 Winchester Street Apt. 303</u></p> <p>City / State / Zip: <u>Brookline MA 02446</u></p> <p>Phone #: <u>(305) 401-5735</u></p> <p>Other Officer/Title: _____</p> <p>Residential Address: _____</p> <p>City / State / Zip: _____</p> <p>Phone #: _____</p>	<p><b>Treasurer*:</b> <u>Nathan Shpritz</u></p> <p>Residential Address: <u>44 Payson Road</u></p> <p>City / State / Zip: <u>Chestnut Hill MA 02467</u></p> <p>Phone #: <u>6177390213</u> Email: <u>nathanshpritz@comcast.net</u></p> <p>*A public employee may not serve as treasurer of any political committee (see reverse)</p> <p>Other Officer/Title: _____</p> <p>Residential Address: _____</p> <p>City / State / Zip: _____</p> <p>Phone #: _____</p>
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(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:

Raul A Fernandez Date: 2/12/19  
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:

Nathan Shpritz Date: 2/12/2019  
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Raul A Fernandez Date: 2/12/19  
Chairman's signature



Commonwealth of Massachusetts

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

CPF ID #:

(For Office Use Only)

Form CPF 101: STATEMENT OF ORGANIZATION  
CANDIDATE'S COMMITTEE  
Office of Campaign and Political Finance

2019 MAR 19 A 11:51

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK

(617) 979-8300 / (800) 462-OCPF  
ocpf@cpf.state.ma.us  
www.mass.gov/ocpf

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55A as amended, of the organization of a candidate's committee as follows:

**CANDIDATE:** First Name: Richard Middle Initial: A Last Name: Nangle  
 Residential Address: 854 Hammond St.  
 City / State / Zip: Chestnut Hill MA 02467  
 Email Address: rnangle1@gmail.com  
 Party Affiliation: (if applicable) Democratic Phone #: 617-935-4424

**OFFICE SOUGHT/PURPOSE:**  
 Title: Select Board  
 District: Brookline

**COMMITTEE:** Name of Committee: Committee to Elect Richard Nangle  
 (The name of the committee must include the candidate's last name)  
 Committee Mailing Address: 854 Hammond St.  
 City / State / Zip: Chestnut Hill MA 02467 Phone #: 617-935-4424

<b>OFFICERS:</b>	<b>Chair:</b> <u>Robert Murphy</u>	<b>Treasurer*:</b> <u>Jane Flanagan</u>
Residential Address: <u>de Baker Circle</u>	Residential Address: <u>854 Hammond St.</u>	Residential Address: <u>854 Hammond St.</u>
City / State / Zip: <u>Chestnut Hill MA 02467</u>	City / State / Zip: <u>Chestnut Hill MA 02467</u>	City / State / Zip: <u>Chestnut Hill MA 02467</u>
Email: <u>fouts2pcn.com</u>	Email: <u>Jim Flanagan 7@gmail.com</u>	Email: <u>Jim Flanagan 7@gmail.com</u>
Phone #: <u>617-686-8941</u>	Phone #: <u>617-566-0622</u>	Phone #: <u>617-566-0622</u>

\* A public employee may not serve as treasurer of any political committee (see reverse).

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:

[Signature] Date: 3/18/19  
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:

Jane Flanagan Date: 3/18/19  
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature] Date: 3/18/19  
Chair's signature



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

Commonwealth  
of Massachusetts

**Office of Campaign and Political Finance**

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TOWN OF BROOKLINE  
TOWN CLERK

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:

2019 APR -4 P 3:51

**CANDIDATE:** Full Name: David Michael Pollak  
 Residential Address: 112 Lancaster Terrace  
 City / State / Zip: Brookline, MA 02446  
 E-Mail Address: dpollak@abacusarchitects.com Phone #: 6179214418  
 Party Affiliation: Democrat (If applicable)

**OFFICE SOUGHT/PURPOSE:**  
 Title: School Committee  
 District: Town of Brookline

**COMMITTEE:** Name of Committee: Committee to Elect David Pollak  
 (The name of the committee must include the candidate's last name)  
 Committee Mailing Address: 112 Lancaster Terrace  
 City / State / Zip: Brookline MA 02446 Phone #: 6179214418

<b>OFFICERS:</b>	
<b>Chairman:</b> <u>David M Pollak</u> Residential Address: <u>112 Lancaster Terrace</u> City / State / Zip: <u>Brookline MA 02446</u> Phone #: <u>6179214418</u>	<b>Treasurer*:</b> <u>Noah Benjamin-Pollak</u> Residential Address: <u>112 Lancaster Terrace</u> City / State / Zip: <u>Brookline MA 02446</u> Phone #: <u>6178617756</u> Email: <u>noahabp@gmail.com</u>
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____

(Complete and attach a Form CPF MA 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:

Candidate's signature Date: Apr 4, 2019

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:

Treasurer's signature Date: Apr 4, 2019

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature Date: Apr 4, 2019



Commonwealth of Massachusetts

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

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK

Office of Campaign and Political Finance

2019 MAR 14 P 1:55

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:

<b>CANDIDATE:</b>	Full Name:	<u>SHARON ABRAMOWITZ</u>		
	Residential Address:	<u>107 UNIVERSITY ROAD # 3</u>		
	City / State / Zip:	<u>BROOKLINE MA 02445</u>		
	E-Mail Address:	<u>saabramowitz@gmail.com</u>	Phone #:	<u>617 599 0191</u>
	Party Affiliation:	<u>DEMOCRATIC</u>	(If applicable)	
<b>OFFICE SOUGHT/PURPOSE:</b>	Title:	<u>SCHOOL COMMITTEE</u>		
	District:			

<b>COMMITTEE:</b>	Name of Committee:	<u>COMMITTEE TO ELECT SHARON ABRAMOWITZ</u>		
		(The name of the committee must include the candidate's last name)		
	Committee Mailing Address:	<u>107 UNIVERSITY ROAD # 3</u>		
	City / State / Zip:	<u>BROOKLINE MA 02445</u>	Phone #:	<u>617 866 6290</u>

<b>OFFICERS:</b>	
<b>Chairman:</b>	<u>GREIG ARENDT</u>
Residential Address:	<u>107 UNIVERSITY ROAD # 3</u>
City / State / Zip:	<u>BROOKLINE MA 02445</u>
Phone #:	<u>617 834 4409</u>
<b>Treasurer*:</b>	<u>Stephanie Bruce</u>
Residential Address:	<u>185 Rawson Rd #3</u>
City / State / Zip:	<u>Brookline MA 02445</u>
Phone #:	<u>617-734-2025</u> Email: <u>StephanieXbruce@gmail.com</u>
*A public employee may not serve as treasurer of any political committee (see reverse).	
Other Officer/Title:	
Residential Address:	
City / State / Zip:	
Phone #:	

(Complete and attach a Form CPF MA 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:

Sharon Abramowitz Date: 3/14/19  
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:

Stephanie A. Bruce Date: 3/14/19  
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Greig Arendt Date: 14 MAR 2019  
Chairman's signature



Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK

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:

**CANDIDATE:** Full Name: Joanne M. Sullivan

Residential Address: 63 Longwood Ave Apt. 6

City / State / Zip: Brookline MA 02446

E-Mail Address: sullivanjme@gmail.com Phone #: 617-566-0847

Party Affiliation: Democrat (If applicable)

**OFFICE SOUGHT/PURPOSE:**

Title: Brookline Housing Authority, commissioner

District: town-wide

**COMMITTEE:** Name of Committee: Committee to Re-elect Joanne Sullivan  
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 63 Longwood Ave Apt. 6

City / State / Zip: Brookline MA 02446 Phone #: 617-566-0847

**OFFICERS:**

<b>Chairman:</b> <u>Joanne Sullivan</u>	<b>Treasurer*:</b> <u>David Trietsch</u>
Residential Address: <u>63 Longwood Ave. Apt. 6</u>	Residential Address: <u>52 Linden Place</u>
City / State / Zip: <u>Brookline</u> MA <u>02446</u>	City / State / Zip: <u>Brookline</u> MA <u>02445</u>
Phone #: <u>617-566-0847</u>	Phone #: <u>617-738-5441</u> Email: <u>david.trietsch@gmail.com</u>
Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Phone #: _____	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:

[Signature]  
Candidate's signature

Date: 3/27/19

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:

[Signature]  
Treasurer's signature

Date: 3/27/19

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

SIGNED UNDER THE PENALTIES OF PERJURY:



Commonwealth of Massachusetts

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

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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:

2019 APR -3 P 3:59

**CANDIDATE:** Full Name: Deborah Brown

Residential Address: 26 Parkman Street. #1

City / State / Zip: Brookline MA 02446

E-Mail Address: Deborah.brown1@comcast.net Phone #: 6178776101

Party Affiliation: unenrolled (If applicable)

**OFFICE SOUGHT/PURPOSE:**

Title: Brookline Housing Authority Board and Town Meeting

District: Town-wide position (Housing): Precinct I (TM)

**COMMITTEE:** Name of Committee: Deborah Brown Election Campaign  
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 26 Parkman Street. #1

City / State / Zip: Brookline MA 02446 Phone #: 6178776101

**OFFICERS:**

<b>Chair:</b> <u>Deborah Brown</u>	<b>Treasurer*:</b> <u>Julie Buchinski</u>
Residential Address: <u>26 Parkman Street. #1</u>	Residential Address: <u>26 Parkman Street. #1</u>
City / State / Zip: <u>Brookline</u> MA <u>02446</u>	City / State / Zip: <u>Brookline</u> MA <u>02446</u>
Phone #: <u>6178776101</u>	Phone #: <u>677335406</u> Email: <u>juliebuchinski@comcast.net</u>
Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Phone #: _____	Phone #: _____

(Complete and attach a Form CPF MA 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:

[Signature] Date: 4/3/19  
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:

[Signature] Date: 4/3/19  
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature] Date: 4/3/19  
Chair's signature



Commonwealth of Massachusetts

*1st Amended Statement*

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

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK

Office of Campaign and Political Finance

2019 APR 10 P 2:05

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:

**CANDIDATE:** Full Name: Deborah Brown

Residential Address: 26 Parkman Street. #1

City / State / Zip: Brookline MA 02446

E-Mail Address: Deborah.brown1@comcast.net Phone #: 617-877-6101

Party Affiliation: unenrolled (If applicable)

**OFFICE SOUGHT/PURPOSE:**

Title: Brookline Housing Authority Board and Town Meeting

District: \_\_\_\_\_

**COMMITTEE:** Name of Committee: Deborah Brown for Brookline  
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 26 Parkman Street. #1

City / State / Zip: Brookline MA 02446 Phone #: 617-877-6101

**OFFICERS:**

<b>Chairman:</b> <u>Maya Norton</u>	<b>Treasurer*:</b> <u>Charles L. Terrell</u>
Residential Address: <u>96 Naples Street</u>	Residential Address: <u>83 Ivy Street, apt 34</u>
City / State / Zip: <u>Brookline</u> MA <u>02446</u>	City / State / Zip: <u>Brookline</u> MA <u>02446</u>
Phone #: <u>617-991-5294</u>	Phone #: _____ Email: <u>Charles-terrell@comcast.net</u>
Other Officer/Title: _____	*A public employee may not serve as treasurer of any political committee (see reverse).
Residential Address: _____	Other Officer/Title: _____
City / State / Zip: _____	Residential Address: _____
Phone #: _____	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:

*Deborah Brown* Date: 4/9/19  
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:

*Charles L. Terrell* Date: 4/10/19  
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

*Maya Norton* Date: 4/9/19  
Chairman's signature



Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK

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:

**CANDIDATE:** Full Name: REGINA M. FRAWLEY

Residential Address: 366 RUSSETT ROAD

City / State / Zip: CHESTNUT HILL, (BROOKLINE), MA 02467

E-Mail Address: ReginaFrawley@yahoo.com Phone #: (617) 469-0052

Party Affiliation: Unenrolled (If applicable)

**OFFICE SOUGHT/PURPOSE:**

Title: CONSTABLE

District: BROOKLINE TOWN

**COMMITTEE:** Name of Committee: Committee to Elect Regina Frawley  
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 366 RUSSETT ROAD

City / State / Zip: CHESTNUT HILL, (BROOKLINE) 02467 Phone #: (617) 469-0052

**OFFICERS:**

<b>Chairman:</b> <u>MARSHA S. JONES</u>	<b>Treasurer*:</b> <u>GARY JONES</u>
Residential Address: <u>70 FRANCIS STREET</u>	Residential Address: <u>70 FRANCIS STREET</u>
City / State / Zip: <u>BROOKLINE, MA 02446</u>	City / State / Zip: <u>BROOKLINE, MA 02446</u>
Phone #: <u>(617) 731-1611</u>	Phone #: <u>(617) 431-1611</u> Email: <u>GARYMARSH@earthlink.net</u>
Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Phone #: _____	Phone #: _____

\*A public employee may not serve as treasurer of any political committee (see reverse).

(Complete and attach a Form CPF MA 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:

Regina M. Frawley  
Candidate's signature

Date: 3/15/19

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:

Gary Jones  
Treasurer's signature

Date: 3/15/19

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Marsha Jones  
Chairman's signature

Date: 3/15/19



Commonwealth of Massachusetts

# Form CPF M101 BQ: STATEMENT OF ORGANIZATION BALLOT QUESTION COMMITTEE MUNICIPAL FORM

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK

Office of Campaign and Political Finance

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK

File with: City / Town Clerk or Election Commission

2019 MAR 13 A 10:58

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, of the organization of a ballot question committee as follows:

1. Name (See note 1):	VOTE YES FOR BROOKLINE		
2. Committee mailing address:	87 IVY STREET		
City/State/Zip:	BROOKLINE	MA	02446
E-mail Address:	neil@nrgordon.com	Phone #:	508 265 1362
3. Purpose / specific issues and interests (See note 2):	SUPPORT OF ANTICIPATED OPERATING OVERRIDES AND/OR DEBT EXCLUSION BALLOT QUESTIONS RELATING TO SCHOOL CONSTRUCTION AND/OR PROPERTY ACQUISITION		
4. Topic of question & question no., if known:	N/A		
5. This committee is formed to (check one):	<input checked="" type="checkbox"/> support or <input type="checkbox"/> oppose the question.		

<b>6. OFFICERS:</b>	
Chairman:	Treasurer*:
NANCY HELLER	NEIL GORDON
Residential Address:	Residential Address:
40 ABBOTSFORD ROAD	87 IVY STREET
City / State / Zip:	City / State / Zip:
BROOKLINE MA 02446	BROOKLINE MA 02446
Phone #:	Phone #:
617 277 6108	508 265 1362 E-mail: neil@nrgordon.com
*A public employee may not serve as treasurer of any political committee (see reverse).	
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Phone #:	Phone #:
(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)	

The chairman and treasurer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election. Chapter 55 also specifies that no expenditures shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents; and, that all funds of a political committee shall be kept separate from any personal funds of any officers, members or associates of such committee.

I hereby accept the office of Chairman of the above-named committee.  
SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature

Date: 3/13/19

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; and 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.  
SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date: 3/13/19



Commonwealth of Massachusetts

Form CPF M101 BQ: STATEMENT OF ORGANIZATION
BALLOT QUESTION COMMITTEE
MUNICIPAL FORM

Office of Campaign and Political Finance

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

File with: City / Town Clerk or Election Commission

2019 APR 10 P 1:50

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, of the organization of a ballot question committee as follows:

1. Name (See note 1): Spend Smart Brookline
2. Committee mailing address: 8 PENNIMAN RD
City/State/Zip: BROOKLINE MA 02445
E-mail Address: JOHN@JSDO45051.NET Phone #: 617-566-5474
3. Purpose / specific issues and interests (See note 2): OPPOSE QUESTION 1 CONCERNING MULTIPLE SCHOOL PROJECTS
4. Topic of question & question no., if known: DEBT EXCLUSION; #1
5. This committee is formed to (check one): [ ] support or [X] oppose the question.

6. OFFICERS:
Chairman: JOHN VANSCOYOC
Residential Address: 307 RESERVOIR RD
City / State / Zip: BROOKLINE MA MA 02445
Phone #: 617-731-3584
Treasurer\*: JOHN DOUGLET
Residential Address: 8 PENNIMAN RD
City / State / Zip: BROOKLINE MA 02445
Phone #: 617-566-5474 E-mail: JOHN@JSDO45051.NET
\*A public employee may not serve as treasurer of any political committee (see reverse).

The chairman and treasurer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election. Chapter 55 also specifies that no expenditures shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents; and, that all funds of a political committee shall be kept separate from any personal funds of any officers, members or associates of such committee.

I hereby accept the office of Chairman of the above-named committee.
SIGNED UNDER THE PENALTIES OF PERJURY:

John R. Van Scoyoc Date: 4/10/19
Chairman'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; and 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.
SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature Date: 4/9/19



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN OF BROOKLINE  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan. 1, 2019 Ending Date: 4/13/19

2019 APR 25 A 10 27

Type of Report: (Check one)

- 8th day preceding preliminary
- 8th day preceding election
- 30 day after election
- year-end report
- dissolution

Candidate Full Name (if applicable): \_\_\_\_\_

Office Sought and District: \_\_\_\_\_

Residential Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

Brookline Puzzle Solved

Committee Name: Sara Stoutland

Name of Committee Treasurer: \_\_\_\_\_

P.O. Box 02447-0705

Committee Mailing Address: \_\_\_\_\_

E-mail: sara@stoutland.net

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	225.32
Line 2: Total receipts this period (page 3, line 11)	185.45
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	410.77
Line 5: Ending Balance (line 3 minus line 4)	0.00
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used: Brookline Bank	

#### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 4/24/2019

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

##### Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

##### Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55:

Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature) Date: \_\_\_\_\_







**Form CPF M 102: Campaign Finance Report**  
**Municipal Form**  
 Office of Campaign and Political Finance

File with:  
 City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:  
 Reporting Period Beginning Month Date Year Ending Month Date Year  
JAN 1 2019 JUN 14 2019

Type of report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  Dissolution

NEIL WISKINSKY  
 Full Name of Candidate (if applicable)  
SELECT BOARD  
 Office Sought and District  
20 HENRY ST BROOKLINE 02445  
 Residential Address  
 Tel. No. (optional)

COMMITTEE FOR NEIL WISKINSKY  
 Committee Name  
NEIL GORDON  
 Name of Committee Treasurer  
20 HENRY ST BROOKLINE 02445  
 Committee Mailing Address  
 Tel. No. (optional)

RECEIVED  
 TOWN OF BROOKLINE  
 TOWN CLERK  
 JUN 16 11:45 AM '19

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>3512.27</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>—</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>3512.27</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>3512.27</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>—</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>—</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>—</u>
Line 8: Name of bank(s) used	<u>BROOKLINE BANK</u>

**Affidavit of Committee Treasurer:**  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
 Signed under the penalties of perjury:  
[Signature] 6/14/19  
 Treasurer's signature (ink) Date

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**Affidavit of Candidate: (check 1 box only)**  
 Candidate with Committee and no activity independent of the committee  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  
 Candidate without Committee OR Candidate with independent activity filing separate report  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
 Signed under the penalties of perjury:  
[Signature] 7/22/2019  
 Candidate signature (ink) Date





### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	0

Enter on page 1, line 6

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

### SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
			Line 18: OUTSTANDING LIABILITIES (ALL)	0

Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.



Form CPF M101 BQ: STATEMENT OF ORGANIZATION

BALLOT QUESTION COMMITTEE

MUNICIPAL FORM

RECEIVED TOWN OF BROOKLINE TOWN CLERK

Office of Campaign and Political Finance

2019 SEP 10 P 1:09

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, of the organization of a ballot question committee as follows:

1. Name (See note 1): Campaign for Driscoll
2. Committee mailing address: 103 Griggs Road
City/State/Zip: Brookline, MA 02446
E-mail Address: fourdriscoll@gmail.com Phone #: 617-233-1238
3. Purpose / specific issues and interests (See note 2): Support debt exclusion question for renovation/reconstruction of Driscoll school.
4. Topic of question & question no., if known: Debt exclusion for renovation/reconstruction of Driscoll school.
5. This committee is formed to (check one): [X] support or [ ] oppose the question.

6. OFFICERS:
Chair: A. Nicole McClelland
Residential Address: 39 Jordan Road
City / State / Zip: Brookline, MA 02446
Phone #: 336-314-2202
Treasurer\*: C. Scott Ananian
Residential Address: 103 Griggs Rd
City / State / Zip: Brookline, MA 02446
Phone #: 617-233-1238 E-mail: brookline@cscott.net
\*A public employee may not serve as treasurer of any political committee (see reverse).

The chairman and treasurer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election. Chapter 55 also specifies that no expenditures shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents; and, that all funds of a political committee shall be kept separate from any personal funds of any officers, members or associates of such committee.

I hereby accept the office of Chairman of the above-named committee. SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature of A. Nicole McClelland]
Chairman's signature

Date: 9/10/19

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; and 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. SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature of C. Scott Ananian]
Treasurer's signature

Date: 2019-09-10



Commonwealth of Massachusetts

Form CPF M101 BQ: STATEMENT OF ORGANIZATION
BALLOT QUESTION COMMITTEE
MUNICIPAL FORM

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

Office of Campaign and Political Finance

2019 NOV 18 P 1:38

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, of the organization of a ballot question committee as follows:

1. Name (See note 1): 4 All Brookline
2. Committee mailing address: 48 Salisbury Road
City/State/Zip: Brookline MA 02445
E-mail Address: 4allbrookline@gmail.com Phone #: 617-583-0414
3. Purpose / specific issues and interests (See note 2): Opposition to the debt exclusion override question on the ballot for the Driscoll School.
4. Topic of question & question no., if known: Debt exclusion override for the Driscoll School
5. This committee is formed to (check one): [ ] support or [X] oppose the question.

6. OFFICERS:
Chairman: Dave Batista
Residential Address: 15 Salisbury Road
City / State / Zip: Brookline MA 02445
Phone #: 6175123489 email
Treasurer\*: Joe Ranft
Residential Address: 48 Salisbury Road
City / State / Zip: Brookline MA 02445
Phone #: 6175830414 E-mail: jranft@gmail.com
\*A public employee may not serve as treasurer of any political committee (see reverse).
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.)

The chairman and treasurer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election. Chapter 55 also specifies that no expenditures shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents; and, that all funds of a political committee shall be kept separate from any personal funds of any officers, members or associates of such committee.

I hereby accept the office of Chairman of the above-named committee.
SIGNED UNDER THE PENALTIES OF PERJURY:

[Handwritten signature of Dave Batista]

Chairman's signature

Date: 11/15/19

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; and 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.

SIGNED UNDER THE PENALTIES OF PERJURY:

[Handwritten signature of Joe Ranft]

Treasurer's signature

Date: 11/15/19