



Commonwealth of Massachusetts

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

## Office of Campaign and Political Finance

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>Lauren Duprey</u>		
	Residential Address:	<u>5 Fells Circle</u>		
	City / State / Zip:	<u>Wellesley</u>	<u>MA</u>	<u>02482</u>
	E-Mail Address:	<u>laurduprey@gmail.com</u>	Phone #:	<u>978-852-5333</u>
	Party Affiliation:	_____ (If applicable)		
<b>OFFICE SOUGHT/PURPOSE:</b>	Title:	<u>School Committee</u>		
	District:	<u>Town of Wellesley</u>		

<b>COMMITTEE:</b>	Name of Committee:	<u>Committee to Elect Lauren Duprey</u>		
		<small>(The name of the committee must include the candidate's last name)</small>		
	Committee Mailing Address:	<u>5 Fells Circle</u>		
	City / State / Zip:	<u>Wellesley</u>	<u>MA</u>	<u>02482</u>
			Phone #:	<u>781-355-9026</u>

### OFFICERS:

<b>Chair:</b>	<u>Jeremy Duprey</u>	<b>Treasurer*:</b>	<u>Petro Lisowsky</u>	
Residential Address:	<u>5 Fells Circle</u>	Residential Address:	<u>26 Fells Rd</u>	
City / State / Zip:	<u>Wellesley</u> <u>MA</u> <u>02482</u>	City / State / Zip:	<u>Wellesley</u> <u>MA</u> <u>02482</u>	
Phone #:	<u>616-540-2507</u>	Phone #:	<u>202-841-7956</u>	Email: <u>petro.lisowsky@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] Date: 1/8/20  
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: 1/8/20  
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature] Date: 1/8/20  
Chair's signature