



Commonwealth of Massachusetts

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

CPF ID #: _____

(For Office Use Only)

2013 OCT 11 AM 11:15

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

(617) 979-8300
ocpf@cpf.state.ma.us
http://www.mass.gov/ocpf

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: George Kokoros
 Residential Address: 24 Lunar Ave
 City / State / Zip: Braintree MA 02184
 Phone #: 781-626-0651 E-Mail: friendsofgeorgekokoros@gmail.com
 Party Affiliation: _____ (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: Braintree School Committee
 District: _____

COMMITTEE: Name of Committee: Friends of George Kokoros
 (The name of the committee must include the candidate's last name)
 Committee Mailing Address: 24 Lunar Ave
 City / State / Zip: Braintree MA 02184 Phone #: 781-843-7326

OFFICERS:

Chairman: <u>Stacey Kokoros</u> Residential Address: <u>1135 Front Street Unit 38</u> City / State / Zip: <u>Weymouth</u> MA <u>02190</u> Phone #: <u>781-626-0651</u>	Treasurer: <u>Rebekah Sanborn</u> Residential Address: <u>16 Redbud Way # 3</u> City / State / Zip: <u>Marlborough</u> MA <u>01752</u> Phone #: <u>207-650-9283</u>
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____

(Attach an additional page, 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: 10/9/13
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I understand that 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.

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature] Date: 10/9/13
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature] Date: 10/9/13
Chairman's signature