



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

Commonwealth  
of Massachusetts

**Office of Campaign and Political Finance**

File with: City / Town Clerk or Election Commission

2017 APR -5 AM 10:30

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>WILLIAM DALE WHITMORE</u>		
	Residential Address:	<u>3 KINSMAN CT</u>		
	City / State / Zip:	<u>IPSWICH, MA 01938</u>		
	E-Mail Address:	<u>william.whitmore@gmail.com</u>		Phone #: <u>(508)566-3904</u>
	Party Affiliation:	<u>n/a</u>		(If applicable)
<b>OFFICE SOUGHT/PURPOSE:</b>				
	Title:	<u>SELECTMAN</u>		
	District:	_____		

<b>COMMITTEE:</b>	Name of Committee:	<u>The Committee to Elect William Whitmore</u>	
		<small>(The name of the committee must include the candidate's last name)</small>	
	Committee Mailing Address:	<u>500 Colonial Drive Unit 302</u>	
	City / State / Zip:	<u>Ipswich MA 01938</u>	Phone #: <u>814-572-0593</u>

<b>OFFICERS:</b>			
<b>Chairman:</b>	<u>DOWN P WHITMORE</u>	<b>Treasurer:</b>	<u>DOWN P WHITMORE</u>
Residential Address:	<u>500 COLONIAL DR UNIT 302</u>	Residential Address:	<u>500 COLONIAL DR U302</u>
City / State / Zip:	<u>IPSWICH MA 01938</u>	City / State / Zip:	<u>IPSWICH MA 01938</u>
Phone #:	<u>814-572-6593</u>	Phone #:	<u>814 572 6593</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:

Candidate's signature Date: 4/4/17

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:

Treasurer's signature Date: 4/5/17

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature Date: 4/5/17