



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

Commonwealth
of Massachusetts

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

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: CAROLYN M. ROGOWSKI-DUARTE TOWN OF LUDLOW

Residential Address: 25 SUMMER AVENUE, LUDLOW, MA 01056

City / State / Zip: LUDLOW, MA 01056

E-Mail Address: CROGG1953@charter.net Phone #: 413-530-6331

Party Affiliation: DEMOCRAT (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: BOARD OF HEALTH

District: LUDLOW

COMMITTEE: Name of Committee: _____

(The name of the committee must include the candidate's last name)

Committee Mailing Address: _____

City / State / Zip: _____ Phone #: _____

OFFICERS:

<p>Chairman: _____</p> <p>Residential Address: _____</p> <p>City / State / Zip: _____</p> <p>Phone #: _____</p>	<p>Treasurer*: _____</p> <p>Residential Address: _____</p> <p>City / State / Zip: _____</p> <p>Phone #: _____ Email: _____</p> <p><small>*A public employee may not serve as treasurer of any political committee (see reverse).</small></p>
<p>Other Officer/Title: _____</p> <p>Residential Address: _____</p> <p>City / State / Zip: _____</p> <p>Phone #: _____</p>	<p>Other Officer/Title: _____</p> <p>Residential Address: _____</p> <p>City / State / Zip: _____</p> <p>Phone #: _____</p>

(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:

Carolyn M Rogowski-Duarte Date: 1-26-21
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:

Treasurer's signature Date: _____

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature Date: _____