



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

Office of Campaign and Political Finance

BARNSTABLE
TOWN CLERK
JUL 10 P1:28

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:	<u>Gordon MacDonald Starr</u>		
	Residential Address:	<u>85 Pilots Way</u>		
	City / State / Zip:	<u>West Barnstable MA 02668</u>		
	E-Mail Address:	<u>gordon.m.starr@gmail.com</u>	Phone #:	<u>5083624252</u>
	Party Affiliation:	_____ (If applicable)		
OFFICE SOUGHT/PURPOSE:	Title:	<u>Town Councilor</u>		
	District:	<u>Precinct 1</u>		

COMMITTEE:	Name of Committee:	<u>Gordon Starr For Town Councilor</u> <small>(The name of the committee must include the candidate's last name)</small>		
	Committee Mailing Address:	<u>85 Pilots Way</u>		
	City / State / Zip:	<u>West Barnstable MA 02668</u>	Phone #:	<u>5083624252</u>

OFFICERS:	Chairman:	<u>Gordon M Starr</u>	Treasurer*:	<u>Sheryl F. Greene-Starr</u>
	Residential Address:	<u>85 Pilots Way</u>	Residential Address:	<u>85 Pilots Way</u>
	City / State / Zip:	<u>W Barnstable MA 02668</u>	City / State / Zip:	<u>W. Barnstable MA 02668</u>
	Phone #:	<u>5083624252</u>	Phone #:	<u>5083624252</u> Email: <u>gstarr362@msn.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:

Gordon M. Starr Date: 7/10/19
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:

Sheryl F. Greene-Starr Date: 7/10/19
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Gordon M. Starr Date: 7/10/19
Chairman's signature