



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

Office of Campaign and Political Finance

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JAN 28 2022

File with: City / Town Clerk or Election Commission

2022 JAN 28 A 8:41

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>Xander Shapiro</u>		
	Residential Address:	<u>166 Billings St</u>		
	City / State / Zip:	<u>Sharon</u>	<u>MA</u>	<u>02067</u>
	E-Mail Address:	<u>xander@xander4sharon.com</u>	Phone #:	<u>415-793-4995</u>
	Party Affiliation:	_____ (If applicable)		
OFFICE SOUGHT/PURPOSE:	Title:	<u>Select Board</u>		
	District:	<u>Town of Sharon</u>		

COMMITTEE:	Name of Committee:	<u>Xander Shapiro for Sharon</u>		
		<small>(The name of the committee must include the candidate's last name)</small>		
	Committee Mailing Address:	<u>166 Billings St</u>		
	City / State / Zip:	<u>Sharon</u>	<u>MA</u>	<u>02067</u> Phone #: <u>415-793-4995</u>

OFFICERS:	Chairman:	<u>Xander Shapiro</u>	Treasurer*:	<u>Bernice Broyde</u>
	Residential Address:	<u>166 Billings St</u>	Residential Address:	<u>36 Church St</u>
	City / State / Zip:	<u>Sharon</u> <u>MA</u> <u>02067</u>	City / State / Zip:	<u>Boston</u> <u>MA</u> <u>02116</u>
	Phone #:	<u>415-793-4995</u>	Phone #:	<u>617-571-0942</u> Email: <u>broydebernice@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.)

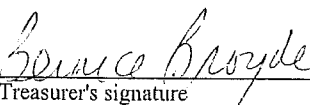
I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:


 Candidate's signature _____ Date: 1/25/22

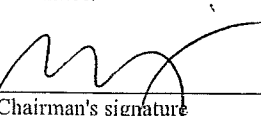
I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping 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: 1/25/22

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

SIGNED UNDER THE PENALTIES OF PERJURY:


 Chairman's signature _____ Date: 1/25/22