



Commonwealth
of Massachusetts

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

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

CPF ID #:

(For Office Use Only)

(617) 979-8300 / (800) 462-OCPF
HAV CITY CLRK SEP 5'25 10:43 ocpf@mass.gov
www.ocpf.us

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: First Name: David Middle Initial: A Last Name: Shultz
Residential Address: 20 Forest Avenue
City / State / Zip: Haverhill MA 01830
Email Address: daveshultzforhaverhill@gmail.com
Party Affiliation: (if applicable) _____ Phone #: 9789944305

OFFICE SOUGHT/PURPOSE:

Title: Haverhill School Committee District: Ward 3

☐ Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with OCPF.

COMMITTEE: Name of Committee: Committee to Elect Dave Shultz
(The name of the committee must include the candidate's last name)
Committee Mailing Address: 20 Forest Avenue
City / State / Zip: Haverhill MA 01830 Phone #: 9789944305

OFFICERS:

Chairperson: _____ Residential Address: _____ City / State / Zip: _____ Email: _____ Phone #: _____	Treasurer*: <u>Cynthia Graham</u> Residential Address: <u>669 Kenoza St</u> City / State / Zip: <u>Haverhill</u> <u>MA</u> <u>01830</u> Email: <u>cynthiagraham409@gmail.com</u> Phone #: <u>9789941854</u>
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* A public employee may not serve as treasurer of any political committee (see reverse).

Check applicable box before signing:

- ☒ Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) 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; and 4) may not serve as a treasurer of a political committee organized on my behalf.
- ☐ Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) 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]
Candidate's signature

Date: 8/28/25

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:

[Signature]
Treasurer's signature

Date: 8/28/25

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairperson's signature

Date: _____

NAME OF CITY / TOWN / WARD: _____

LIST OTHER OFFICERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

Other Officer/Title: Pat Graham/Assistant	Other Officer/Title: _____
Residential Address: 137 Golden Hill Avenue	Residential Address: _____
City / State / Zip: Haverhill MA 01830	City / State / Zip: _____
Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

MEMBERS:

Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

ASSOCIATE MEMBERS:

Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

(Attach an additional page, if necessary, with other officers, members and associate members.)