



Form CPF 101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE

Office of Campaign and Political Finance

File with: Director
Office of Campaign and Political Finance

(617) 979-8300 / (800) 462-OCPF

ocpf@mass.gov

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One Ashburton Place, Room 411, Boston, MA 02108

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: Heath			Middle Initial: G Last Name: Granas				
	Residential Address	3 Cutters Ct		v-				
	City / State / Zip:	Newburyport		MA 01950				
	Email Address: Heath4NBPTward3@gmail.com							C
	Party Affiliation: (if applicable) Democrat				Phone #: 202-487-9489			
OFFICE SOUG	HT/PHRPOSE						E	BERG
		Ward 3 City Co	ouncilor				27	SPECIAL SPECIA
			of Newburyport, Ward 3				U	걸유問
			7,50.0, 1.0.0.0				12	35
COMMITTEE:	Name of Committee	: Committe	e to Elect Heath Gra	nas				m
		(7)	The name of the comm	nittee must include the candidate's last name)				
OFFICERS:	City / State / Zip:	Newbury	/port	MA	01950	Phone #:	202-487	-9489
	leath Granas			Treasurer*:	Michael Stan	aland		
Residential Address: 3	Cutters Ct				ess: 3 Cutters Ct			
-	lewburyport	MA	01950	City / State / Zip:	<u> </u>	·	MA	01950
_	Heath4NBPTward3@gmail.com			Email:	Mstanaland@	mac.com		
Phone #:	202-487-9489			Phone #:		352-1943		
<u></u>	* A	public employee n	nay not serve as treas	urer of any politic	eal committee (see re	everse).		
I hereby consent to t behalf. I am aware t the relevant election. SIGNED UNDER T	hat candidates are re	quired to keep det		ecords of all cam			d of six years	
I hereby accept the of that: 1) I am subject and records of all car appointed public em- committee organized SIGNED UNDER T	to certain duties and mpaign finance activ ployee, I must resign I on his/her behalf.	liabilities under M ity for a period of this position and	A.G.L. c. 55, including six years from the contify OCPF of my	ng the timely fililate of the releval resignation; and	ng of campaign fin nt election; 2) if af	ance reports an ter my acceptan	d keeping de ace of this of easurer of th	etailed accounts fice I become an
I hereby accept the o SIGNED UNDER T			Treasurer's signatu mittee. Chair's signature	The state of the s			Date:	7/27/2023