



Commonwealth of Massachusetts

CPF ID #: _____
(For Office Use Only)

Form CPF D104:
Statement of Candidate
Not Raising or Expending Campaign Funds
Office of Campaign and Political Finance

ORLEANS TOWN CLERK

25 MAY 9 4:07PM

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

(617) 979-8300 / (800) 462-OCPF
ocpf@mass.gov
http://www.ocpf.us

CHECK ONE: I do not have a political committee. **OR** I have organized a political committee on my behalf.

Candidate's Name:	TRACY MURPHY		
Office Sought/District:	SNOW LIBRARY TRUSTEE		
Residential Address:	23 GULL LN.		
City / State / Zip:	ORLEANS / MA / 02653		
E-Mail Address:	tracymurphy185@ gmail.com	Phone Number:	508/280-4412

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose. I submit the following as my campaign report for all bank reporting periods in this election cycle as provided for in Chapter 55 of the Massachusetts General Laws:

- | | |
|--|------|
| 1. Ending balance from previous report | ZERO |
| 2. Total receipts for reporting period | ZERO |
| 3. Subtotal | ZERO |
| 4. Total Expenditures for reporting period | ZERO |
| 5. Ending balance | ZERO |

If, after filing this statement, I decide to raise or expend funds for a campaign-related purpose, I will immediately designate a depository bank, open an account at the designated bank, and complete and file an Appointment of Depository Bank (D103) Form.

Until such notice is on file with the Director, I certify that the above Zero report will be in effect for each reporting period required by Chapter 55 of the Massachusetts General Laws.

SIGNED UNDER THE PENALTIES OF PERJURY:

Tracy Murphy

Candidate's signature

Date: 5/8/2025