



Form CPF D 103 : Appointment of Depository Bank
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: Director

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

2013 MAY 23 A ID: 32

CPF ID# _____
For office use

Please print or type all information, except signatures.

Calvin J. McFadden, Sr.
Full Name of Candidate
Springfield School Committee
Office Sought/District
34 Signal Hill Circle
Residential Address
Spfld, MA 01118 4137827151
Tel. No. (optional)

Committee to Elect Calvin McFadden
Name of Committee
Carolyn Ware
Name of Committee Treasurer
34 Signal Hill Circle
Mailing Address
Spfld, MA 01118
Tel. No. (optional)

Financial Institution: Sovereign Bank

Address: 590 SUMNER AVE SPRINGFIELD MA 01108
Financial Institution Address Street City or Town Zip

I certify that the above named financial institution has been designated by me as the depository for campaign funds, and I authorize said financial institution to submit to the Director, Office of Campaign and Political Finance, the reports required by M.G.L. c. 55.

Signed under the penalties of perjury:

Calvin J. McFadden 5/13/13
Candidate signature Date

Signed under the penalties of perjury:

Carolyn Ware 5/26/13
Committee treasurer signature Date

ACKNOWLEDGMENT BY FINANCIAL INSTITUTION

The undersigned financial institution is authorized to transact business and has its main office or a branch office, in Massachusetts. The financial institution hereby acknowledges that it has been designated as the depository for campaign funds of the above candidate and/or committee and agrees to file campaign finance reports with OCPF as prescribed by M.G.L. c. 55 until such time as OCPF notifies the financial institution that the account may be closed.

Name of Financial Institution: SOVEREIGN BANK
Authorized by: MICHAEL E HARRIGAN 4137464128
Print Name of Financial Institution Cashier or Financial Institution Treasurer Telephone no.
[Signature] 5-13-13
Signature of Financial Institution Cashier or Financial Institution Treasurer Date

ACCOUNT(S) OPENED: FOR CANDIDATE * 5-13-13 FOR COMMITTEE
Date account opened Date account opened

* If none, candidate should file D 104 (attached).