



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

**Office of Campaign and Political Finance**

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK

File with: City / Town Clerk or Election Commission

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:

<b>CANDIDATE:</b>	Full Name:	<u>Steven Ehrenberg</u>		
	Residential Address:	<u>25 Stearns Rd. #1</u>		
	City / State / Zip:	<u>Brookline</u>	<u>MA</u>	<u>02446</u>
	E-Mail Address:	<u>siehrenberg@gmail.com</u>	Phone #:	<u>917-450-5504</u>
	Party Affiliation:	_____ (If applicable)		
<b>OFFICE SOUGHT/PURPOSE:</b>	Title:	<u>Brookline School Committee</u>		
	District:	_____		

<b>COMMITTEE:</b>	Name of Committee:	_____		
		(The name of the committee must include the candidate's last name)		
	Committee Mailing Address:	_____		
	City / State / Zip:	_____	Phone #:	_____

<b>OFFICERS:</b>	<b>Chair:</b>	<b>Treasurer*:</b>	<u>Beth Gilligan</u>
	Residential Address:	Residential Address:	<u>52 Kilsyth Rd. #3</u>
	City / State / Zip:	City / State / Zip:	<u>Brookline MA 02445</u>
	Phone #:	Phone #:	<u>860-778-3588</u> Email: <u>beth.k.gilligan@gmail.com</u>
	Other Officer/Title:	*A public employee may not serve as treasurer of any political committee (see reverse).	
	Residential Address:	Other Officer/Title:	_____
	City / State / Zip:	Residential Address:	_____
	Phone #:	City / State / Zip:	_____
		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: 3/14/21

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: 3/14/21

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

SIGNED UNDER THE PENALTIES OF PERJURY:

\_\_\_\_\_  
Chair's signature

Date: \_\_\_\_\_



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CANDIDATE'S COMMITTEE  
MUNICIPAL FORM**

**Office of Campaign and Political Finance**

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK  
2021 FEB 11 P 1:06

File with: City / Town Clerk or Election Commission

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: C. Scott Ananian  
 Residential Address: 103 Griggs Road  
 City / State / Zip: Brookline, MA 02446  
 E-Mail Address: moderator@cscott.net Phone #: 617-233-1238  
 Party Affiliation: \_\_\_\_\_ (If applicable)

**OFFICE SOUGHT/PURPOSE:**  
 Title: Moderator  
 District: \_\_\_\_\_

**COMMITTEE:** Name of Committee: Ananian for Moderator  
(The name of the committee must include the candidate's last name)  
 Committee Mailing Address: 103 Griggs Rd  
 City / State / Zip: Brookline, MA 02446 Phone #: 617-233-1238

<b>OFFICERS:</b>	
<b>Chair:</b> <u>C. Scott Ananian</u> Residential Address: <u>103 Griggs Rd</u> City / State / Zip: <u>Brookline, MA 02446</u> Phone #: <u>617-233-1238</u>	<b>Treasurer*:</b> <u>Andrew Shalit</u> Residential Address: <u>14 Griggs Terrace</u> City / State / Zip: <u>Brookline, MA 02446</u> Phone #: <u>617-721-5060</u> Email: <u>alms@folly.org</u> <small>*A public employee may not serve as treasurer of any political committee (see reverse).</small>
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ 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: 2021-02-11

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: 2/8/21

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

SIGNED UNDER THE PENALTIES OF PERJURY:

\_\_\_\_\_  
Chair's signature

Date: 2021-02-11

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

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK  
2021 MAR 1 P 4:52

File with: City / Town Clerk or Election Commission

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: Kate Poverman  
 Residential Address: 39 Adams Street  
 City / State / Zip: Brookline MA 02446  
 E-Mail Address: kpoverman@comcast.net Phone #: 617-650-3525  
 Party Affiliation: Democratic (If applicable)

**OFFICE SOUGHT/PURPOSE:**  
 Title: Town Moderator  
 District: Town of Brookline

**COMMITTEE:** Name of Committee: Poverman2021  
 (The name of the committee must include the candidate's last name)  
 Committee Mailing Address: 16 Crowninshield Road  
 City / State / Zip: Brookline MA 02446 Phone #: 617-216-6163

**OFFICERS:**

<b>Chair:</b> <u>Barbara Sherman</u> Residential Address: <u>12 Adams Street</u> City / State / Zip: <u>Brookline MA 02446</u> Phone #: <u>617-731-6028</u>	<b>Treasurer*:</b> <u>Eleanor Boynton</u> Residential Address: <u>16 Crowninshield Road</u> City / State / Zip: <u>Brookline MA 02446</u> Phone #: <u>617-216-6163</u> Email: <u>ella@garnet-solutions.com</u> <i>*A public employee may not serve as treasurer of any political committee (see reverse).</i>
<b>Other Officer/Title:</b> _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	<b>Other Officer/Title:</b> _____ Residential Address: _____ City / State / Zip: _____ 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:

[Signature]  
Candidate's signature

Date: 02/26/2021

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: 02/26/2021

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

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature]  
Chair's signature

Date: 2/26/21



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NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55A, as amended, of the organization of a candidate's committee as follows:

<b>CANDIDATE:</b>	Full Name: <u>Zoe E M Lynn</u>
	Residential Address: <u>369 Tappan St #4</u>
	City / State / Zip: <u>Brookline MA 02445</u>
	E-Mail Address: <u>zzoe.email@gmail.com</u> Phone #: <u>734-358-1112</u>
	Party Affiliation: _____ (If applicable)
<b>OFFICE SOUGHT/PURPOSE:</b>	
	Title: <u>Select Board Member</u>
	District: <u>At Large</u>

<b>COMMITTEE:</b>	Name of Committee: <u>Zoe Lynn for Select Board</u> <small>(The name of the committee must include the candidate's last name)</small>
	Committee Mailing Address: <u>369 Tappan St #4</u>
	City / State / Zip: <u>Brookline MA 02445</u> Phone #: <u>617-835-6703</u>

<b>OFFICERS:</b>	
<b>Chair:</b> <u>Zoe Lynn</u> Residential Address: <u>369 Tappan St #4</u> City / State / Zip: <u>Brookline MA 02445</u> Phone #: <u>734-358-1112</u>	<b>Treasurer*:</b> <u>David Klafter</u> Residential Address: <u>63 Winthrop Rd</u> City / State / Zip: <u>Brookline MA 02445</u> Phone #: <u>617-835-6703</u> Email: <u>dbklafter@gmail.com</u> <small>*A public employee may not serve as treasurer of any political committee (see reverse).</small>
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____

(Complete and attach a Form CPF MA 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:

Zoe Lynn  
Candidate's signature

Date: 3/3/21

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:

David Klafter  
Treasurer's signature

Date: 3/2/21

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Zoe Lynn  
Chair's signature

Date: 3/3/21



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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:

<b>CANDIDATE:</b>	Full Name:	Miriam T. Aschkenasy, MD		
	Residential Address:	311 Dean Road		
	City / State / Zip:	Brookline	MA	02445
	E-Mail Address:	MiriamforBrookline@gmail.com	Phone #:	617-512-3826
	Party Affiliation:	_____ (If applicable)		
<b>OFFICE SOUGHT/PURPOSE:</b>	Title:	Select Board Member		
	District:	Town of Brookline		

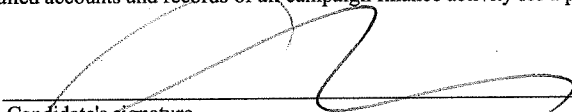
<b>COMMITTEE:</b>	Name of Committee:	Miriam Aschkenasy for Brookline		
		(The name of the committee must include the candidate's last name)		
	Committee Mailing Address:	311 Dean Road		
	City / State / Zip:	Brookline	MA	02445
			Phone #:	617-512-3826

<b>OFFICERS:</b>	<b>Chairman:</b>	Miriam T. Aschkenasy, MD	<b>Treasurer*:</b>	Robert D. Lepson
	Residential Address:	311 Dean Road	Residential Address:	36 Thorndike Street
	City / State / Zip:	Brookline MA 02445	City / State / Zip:	Brookline MA 02446
	Phone #:	617-512-3826	Phone #:	617-308-1009
			Email:	blepson36@gmail.com
			*A public employee may not serve as treasurer of any political committee (see reverse).	
	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.)

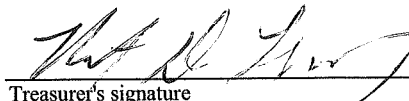
I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years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

SIGNED UNDER THE PENALTIES OF PERJURY:

  
 Candidate's signature \_\_\_\_\_ Date: 2/9/2021

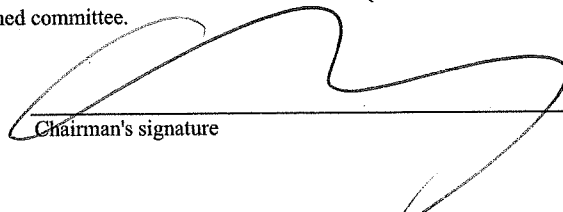
I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping 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: 2/6/2021

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

SIGNED UNDER THE PENALTIES OF PERJURY:

  
 Chairman's signature \_\_\_\_\_ Date: 2/9/2021



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

Commonwealth  
of Massachusetts

## Office of Campaign and Political Finance

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK

File with: City / Town Clerk or Election Commission

2021 MAR -11 A 11:11

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:

<b>CANDIDATE:</b>	Full Name: <u>Valerie K. FRIAS</u>
	Residential Address: <u>20 Englewood Ave, #302</u>
	City / State / Zip: <u>Brookline, MA 02445</u>
	E-Mail Address: <u>valeriebrookline@gmail.com</u> Phone #: <u>617-270-8946</u>
	Party Affiliation: _____ (If applicable)
<b>OFFICE SOUGHT/PURPOSE:</b>	
	Title: <u>School Committee.</u>
	District: <u>Town of Brookline</u>

<b>COMMITTEE:</b>	Name of Committee: <u>Valerie Frias for School Committee</u> <small>(The name of the committee must include the candidate's last name)</small>
	Committee Mailing Address: <u>c/o Garber, 20 Webster St. # 204, Brookline, MA 02446</u>
	City / State / Zip: <u>Brookline MA 02446</u> Phone #: <u>617-270-8946</u>

<b>OFFICERS:</b>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>Chairman:</b> <u>Barbara Kamholz</u></td> </tr> <tr> <td>Residential Address: <u>42 Davis Ave.</u></td> </tr> <tr> <td>City / State / Zip: <u>Brookline MA 02445</u></td> </tr> <tr> <td>Phone #: <u>617-905-4917</u></td> </tr> <tr> <td>Other Officer/Title: _____</td> </tr> <tr> <td>Residential Address: _____</td> </tr> <tr> <td>City / State / Zip: _____</td> </tr> <tr> <td>Phone #: _____</td> </tr> </table>	<b>Chairman:</b> <u>Barbara Kamholz</u>	Residential Address: <u>42 Davis Ave.</u>	City / State / Zip: <u>Brookline MA 02445</u>	Phone #: <u>617-905-4917</u>	Other Officer/Title: _____	Residential Address: _____	City / State / Zip: _____	Phone #: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>Treasurer*:</b> <u>Laura Garber</u></td> </tr> <tr> <td>Residential Address: <u>20 Webster St. # 204</u></td> </tr> <tr> <td>City / State / Zip: <u>Brookline MA 02446</u></td> </tr> <tr> <td>Phone #: <u>774-633-5096</u> Email: <u>lauragarberpa@gmail.com</u></td> </tr> <tr> <td colspan="2"><small>*A public employee may not serve as treasurer of any political committee (see reverse).</small></td> </tr> <tr> <td>Other Officer/Title: _____</td> </tr> <tr> <td>Residential Address: _____</td> </tr> <tr> <td>City / State / Zip: _____</td> </tr> <tr> <td>Phone #: _____</td> </tr> </table>	<b>Treasurer*:</b> <u>Laura Garber</u>	Residential Address: <u>20 Webster St. # 204</u>	City / State / Zip: <u>Brookline MA 02446</u>	Phone #: <u>774-633-5096</u> Email: <u>lauragarberpa@gmail.com</u>	<small>*A public employee may not serve as treasurer of any political committee (see reverse).</small>		Other Officer/Title: _____	Residential Address: _____	City / State / Zip: _____	Phone #: _____
<b>Chairman:</b> <u>Barbara Kamholz</u>																			
Residential Address: <u>42 Davis Ave.</u>																			
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<b>Treasurer*:</b> <u>Laura Garber</u>																			
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City / State / Zip: <u>Brookline MA 02446</u>																			
Phone #: <u>774-633-5096</u> Email: <u>lauragarberpa@gmail.com</u>																			
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Other Officer/Title: _____																			
Residential Address: _____																			
City / State / Zip: _____																			
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(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:

Valerie Frias Date: 3/3/21  
Candidate's signature

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] Date: 3/3/2021  
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature] Date: 3/3/2021  
Chairman's signature



Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

RECEIVED TOWN OF BROOKLINE TOWN CLERK

2021 MAR 25 P 12:25

File with: City / Town Clerk or Election Commission

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: Benjamin Kaufman Residential Address: 17 Kenwood Street City / State / Zip: Brookline MA 02446 E-Mail Address: bkaufman617@gmail.com Phone #: 6172720052 Party Affiliation: (If applicable) OFFICE SOUGHT/PURPOSE: Title: Town Clerk District: Town of Brookline

COMMITTEE: Name of Committee: Committee to Elect Ben Kaufman (The name of the committee must include the candidate's last name) Committee Mailing Address: 17 Kenwood St City / State / Zip: Brookline MA 02446 Phone #: 6172720052

OFFICERS: Chairman: Heather Hamilton Residential Address: 75 Longwood Ave, Apt 3F City / State / Zip: Brookline MA 02445 Phone #: (207) 653-1862 Treasurer\*: Alexia Tobash Residential Address: 17 Kenwood St City / State / Zip: Brookline MA 02446 Phone #: (570) 294-5400 Email: lexi.tobash@gmail.com \*A public employee may not serve as treasurer of any political committee (see reverse). Other Officer/Title: Residential Address: City / State / Zip: Phone #:

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

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SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature Date: 3/25/2021

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: 3/25/2021

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature Date: 3/25/2021