



Form CPF M 102: Campaign Finance Report Municipal Form

Commonwealth
of Massachusetts

Office of Campaign and Political Finance

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CLERK'S OFFICE
SHARON, MA 02067

2019 NOV 12 AM 11:31
File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 9/11/19 Ending Date: 11/11/19

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

HANNA SWITLIKOWSKI
Candidate Full Name (if applicable)
SHARON SELECT BOARD
Office Sought and District
10 BAREFOOT HILL RD, SHARON
Residential Address MA 02067
E-mail: HANNA@SHARON@GMAIL.COM
Phone # (optional): _____

COMMITTED TO ELECT
HANNA SWITLIKOWSKI
Committee Name
MATTHEW KEENAN
Name of Committee Treasurer
27 GABRIEL RD SHARON, MA
Committee Mailing Address 02067
E-mail: COMMERCESRDOP@GMAIL.COM
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

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Line 2: Total receipts this period (page 3, line 11)

5,799⁰⁰

Line 3: Subtotal (line 1 plus line 2)

5,799⁰⁰

Line 4: Total expenditures this period (page 5, line 14)

2,492¹⁸

Line 5: Ending Balance (line 3 minus line 4)

3,306⁸²

Line 6: Total in-kind contributions this period (page 6)

499⁰⁸

Line 7: Total (all) outstanding liabilities (page 7)

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Line 8: Name of bank(s) used: SHARON CREDIT UNION

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Treasurer's signature)

Date: 11/11/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature)

Date: 11/11/19

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/25/19	PATRICIA LUE ACHOIN 385 NORTH MAIN ST SHARON MA 02067	220 ⁰⁰	SENIOR GRANT ADMINISTRATOR, BRIGHAM & WOMEN'S HOSPITAL
9/19/19	WARREN E. & ESTHER ANASTASIA 23 MOUNTAIN ST SHARON MA 02067	200 ⁰⁰	FED. AVIATION ADMINISTRATION, SUFFOLK UNIVERSITY
10/28/19	ANN C BERLIN 37 MAY STREET SHARON MA 02067	100 ⁰⁰	
10/4/19	KURT BUERMANN 45 FURNACE ST SHARON MA 02067	500 ⁰⁰	RETIRED
11/1/19	KURT BUERMANN 45 FURNACE ST SHARON MA 02067	200 ⁰⁰	RETIRED
10/15/19	ANN M & JAMES Z CARNY 41 POLE PLAIN RD SHARON MA 02067	100 ⁰⁰	
10/21/19	RITAM. & NORMAN F. CORBY 282 MOUNTAIN ST SHARON MA 02067	75 ⁰⁰	ORGANIST, ASSISTANT SOCIAL LAW LIBRARY
11/4/19	RITA M. & NORMAN F CORBY 282 MOUNTAIN ST SHARON MA 02067	125 ⁰⁰	ORGANIST, ASSISTANT SOCIAL LAW LIBRARY
9/17/19	JUDITH CROSBY 6 CONDOR RD SHARON MA 02067	500 ⁰⁰	ATTORNEY, KUTAK ROCK
10/28/19	JUDITH CROSBY 6 CONDOR RD SHARON MA 02067	50 ⁰⁰	ATTORNEY, KUTAK ROCK
10/15/19	ANDREA D. FENBELL 27 FRANCIS RD SHARON MA 02067	100 ⁰⁰	
9/19/19	LENORA R. FREIDMAN & PAUL C. LAVONSTEIN 4 CAVINS POND RD SHARON MA 02067	100 ⁰⁰	
Line 9: Total Receipts over \$50 (or listed above)		5024 ⁰⁰	
Line 10: Total Receipts \$50 and under* (not listed above)		775 ⁰⁰	
Line 11: TOTAL RECEIPTS IN THE PERIOD		5799 ⁰⁰	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/11/19	MATTHEW KOSMAN & PATRICIA DANIEL KOSMAN 27 GABRIEL RD SHARON MA 02067	100 ⁰⁰	
10/13/19	ELLEN R & SAMSON LIAD 12 TURNING MILL RD SHARON MA 02067	250 ⁰⁰	REALTOR COLDWELL BANKER; ENGINEERING MGR & CONSULTANT, WSP INC
10/21/19	MASS WOMEN'S POLITICAL CAUCUS PAC 89 SOUTH ST BOSTON MA 02114	100 ⁰⁰	
9/25/19	ROBERT G & ELIZABETH MEGREGOR 52 UPLAND RD SHARON MA 02067	100 ⁰⁰	RETIRED
10/28/19	ROBERT G & ELIZABETH MEGREGOR 52 UPLAND RD SHARON MA 02067	100 ⁰⁰	RETIRED
10/28/19	WILLIAM M & MARY MORRISSEY 203 OAK ST FOXBORO MA 02035	100 ⁰⁰	
10/11/19	JOSEPH J ZODIO 202 SOUTH MAIN ST SHARON MA 02067	100 ⁰⁰	
9/11/19	CLIFFORD SCHATZ & JOAN H BLOCK 83 WILLOW ST FOXBORO MA 02035	118 ⁰⁰	
10/28/19	CLIFFORD SCHATZ & JOAN H BLOCK 83 WILLOW ST FOXBORO MA 02035	36 ⁰⁰	
9/20/19	CARYN SWITLAKOWSKI 10 BARFOOT HILL RD SHARON MA 02067	250 ⁰⁰	
9/11/19	CARYN & JOHN SWITLAKOWSKI 10 BARFOOT HILL RD SHARON MA 02067	500 ⁰⁰	
9/11/19	HANNA SWITLAKOWSKI 10 BARFOOT HILL RD SHARON MA 02067	1000 ⁰⁰	
Line 9: Total Receipts over \$50 (or listed above)	5,024 ⁰⁰		
Line 10: Total Receipts \$50 and under* (not listed above)	775 ⁰⁰		
Line 11: TOTAL RECEIPTS IN THE PERIOD	5,799 ⁰⁰	← Enter on page 1, line 2	

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/18/19	ANNE-MARIE FORD PHOTOGRAPHY	15 OAKLAND RD SHARON MA 02067	PHOTOGRAPHY	150 ⁰⁰
9/25/19	EAST COAST PRINTING	5 KEITH WAY HINGHAM MA 02043	CAMPAIGN SIGNS, PRINTED MATERIALS	1744 ⁶³
10/23/19	EAST COAST PRINTING	5 KEITH WAY HINGHAM MA 02043	PRINTED MATERIALS	451 ⁵⁶
11/9/19	US POSTAL SERVICE	SHARON MA 02067	POSTAGE	105 ⁰⁰

Line 12: Total Expenditures over \$50 (or listed above)	2451 ¹⁹
Line 13: Total Expenditures \$50 and under* (not listed above)	40 ⁹⁹
Line 14: TOTAL EXPENDITURES IN THE PERIOD	2492¹⁸

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

COMMITTED TO ELECT HANNA SWITLOKOWSKI
SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/26/19	SAMSON LIAO	12 TURNING MILL RD SHARON MA 02067	FOOD VENUE FOR CAMPAIGN EVENT	\$499 ⁰⁸
Line 15: In-Kind Contributions over \$50 (or listed above)				499 ⁰⁸
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				499 ⁰⁸

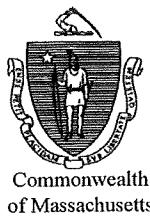
Enter on page 1, line 6 →

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				



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

Office of Campaign and Political Finance

RECEIVED
CLERK'S OFFICE
SHARON, MA 02067

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: 2019 SEP 11 P 12:32

CANDIDATE:	Full Name: <u>Hanna Switlekowski</u>
	Residential Address: <u>10 Barefoot Hill Rd</u>
	City / State / Zip: <u>Sharon MA 02067</u>
	E-Mail Address: <u>broadwayfebbi91@yahoo.com</u> Phone #: <u>339-364-1897</u>
	Party Affiliation: <u>Democrat</u> (If applicable)
OFFICE SOUGHT/PURPOSE:	
	Title: <u>Select Board</u>
	District: <u>Town of Sharon</u>

COMMITTEE:	Name of Committee: <u>COMMITTEE TO ELECT HANNA SWITLEKOWSKI</u> <small>(The name of the committee must include the candidate's last name)</small>
	Committee Mailing Address: <u>27 GABRIEL ROAD</u>
	City / State / Zip: <u>SHARON MA 02067</u> Phone #: <u>781-784-6937</u>

OFFICERS:	
Chair: <u>Esther Anastasia</u> Residential Address: <u>23 Mountain Street</u> City / State / Zip: <u>Sharon MA 02067</u> Phone #: <u>781-784-9601</u>	Treasurer*: <u>MATTHEW KEENAN</u> Residential Address: <u>27 GABRIEL ROAD</u> City / State / Zip: <u>SHARON MA 02067</u> Phone #: <u>781-784-6937</u> Email: <u>KEENANWRITES@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: *Hanna Switlekowski* Date: 9/10/19
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: *Matthew Keenan* Date: 9/11/19
Treasurer's signature

I hereby accept the office of Chairman of the above-named committee.
SIGNED UNDER THE PENALTIES OF PERJURY: *Esther Anastasia* Date: 9/11/19
Chair's signature