



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CLERK'S OFFICE
SHARON, MA 02067

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/19 Ending Date: MAY 14 5/13/19

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Candidate Full Name (if applicable): _____

Office Sought and District: _____

Residential Address: _____

Telephone Number (optional): _____

Vote Yes for New Sharon Public Library 2019
Committee Name

Karen Baytch
Name of Committee Treasurer

c/o Karen Baytch 30 Dehart Ave
Sharon MA 02067
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report 0

Line 2: Total receipts this period (page 3, line 11) 4012.97

Line 3: Subtotal (line 1 plus line 2) 4012.97

Line 4: Total expenditures this period (page 5, line 14) 4012.97

Line 5: Ending Balance (line 3 minus line 4) 0

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

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

Line 8: Name of bank(s) used: Eastern Bank

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: Karen Baytch (Treasurer's signature) Date: 5/13/19

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.

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature) Date: _____

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)
2018 7/25/18	Kate Kane unknown	200	
12/23/18	Cooper (Jianhang) Chen 75 South Main St Apt 316 Sharon MA 02067	500	unknown
2018	Claudia Black-Kalinsky 314 E 51st Savannah GA 31405	\$100	unknown
Feb 12/5/18	Cynthia O'Connell 40 Pleasant St Sharon MA 02067	500	unknown
4/5/19	Barbara Schapiro Scott & Gleam Scott 162 Billings St Sharon MA 02067	1000	unknown
4/1/19	John & Rose 101 Hampton Rd Sharon MA 02067	500	
3/29/19 4/26/19	John Macugo & Sharon Chase 34 Tolyan St Sharon MA 02067	200	
4/10/19	Alani K Chin 45 Manomet Rd SHARON MA 02067	500	unknown
4/10/19	Judy & Joe Ludwig 7057 Siena Court Boca Raton FL 33433	\$1000	unknown

Line 9: Total Receipts over \$50 (or listed above) 3800

Line 10: Total Receipts \$50 and under* (not listed above) ~~16748~~ 212.97

Line 11: TOTAL RECEIPTS IN THE PERIOD 4/12/97 ~~396748~~ ← 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 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
* 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.				
Enter on page 1, line 6 →				
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				

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)				