Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report
## Municipal Form

**Office of Campaign and Political Finance**

OCT 29 '18 AM 8:18 RECD AMHERST TOWN CLERK

File with: City or Town Clerk or Election Commi

Fill in Reporting Period dates: Beginning Date: August 18, 2018 Ending Date: October 19, 2018

Type of Report: (Check one)

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

Sarah Ellen Swartz
Candidate Full Name (if applicable)

Town Counselwoman · District #1
Office Sought and District

11 Meadow Street, Amherst, MA 01002
Residential Address

E-mail: princessmarigold23@gmail.com

Phone # (optional): 413.362.5000

Committee to Elect Sarah Swartz
Committee Name

Jolene Hart
Name of Committee Treasurer

129 Meadow Street · Amherst, MA 01002
Committee Mailing Address

E-mail: jolene.hart@comcast.net

Phone # (optional): 413.336.2251

### SUMMARY BALANCE INFORMATION:

| | |
|---|---|
| **Line 1:** Ending Balance from previous report | 150.00 |
| **Line 2:** Total receipts this period (page 3, line 11) | 1102.53 |
| **Line 3:** Subtotal (line 1 plus line 2) | 1252.53 |
| **Line 4:** Total expenditures this period (page 5, line 14) | 879.83 |
| **Line 5:** Ending Balance (line 3 minus line 4) | 372.70 |
| **Line 6:** Total in-kind contributions this period (page 6) | 0 |
| **Line 7:** Total (all) outstanding liabilities (page 7) | 1315.99 |
| **Line 8:** Name of bank(s) used: | Florence Savings 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:** Jolene R Hart (Treasurer's signature) Date: 10/27/18

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

☒ **Candidate with Committee and no activity independent of the 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 finan 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 contribution incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ **Candidate without Committee OR Candidate with independent activity filing separate report**
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:** Sarah Swartz (Candidate's signature) Date: Oct 28, 2018

# 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) |
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| Line 9: Total Receipts over $50 (or listed above) | | | |
| Line 10: Total Receipts $50 and under* (not listed above) | | | |
| **Line 11: TOTAL RECEIPTS IN THE PERIOD** | | | ← 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) |
|---|---|---|---|
| 10/12/18 | Pat Holland 105 Montague Rd 01002 | 100.00 | |
| 9/8/18 | Terry Johnson 15 Teaberry Lane 01002 | 100.00 | |
| 10/2/18 | Rob Kusner 49 Van Meter Dr. 01002 | 100.00 | |
| 10/5/18 | Christina Platt 75 chestnut St. 01002 | 100.00 | |
| 9/21/18 | Carol Pope 119 High St, 01002 | 75.00 | |
| 9/9/18 | Sarah Swartz 11 Meadow St, 01002 | 400.00 | Loan |
| 9/5/18 | Sarah Swartz 11 Meadow St, 01002 | 54.79 | loan/purchased supplies |
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|---|---|---|
| Line 9: Total Receipts over $50 (or listed above) | ~~975.00~~ | 929.79 |
| Line 10: Total Receipts $50 and under* (not listed above) | ~~150.00~~ | 172.74 |
| **Line 11: TOTAL RECEIPTS IN THE PERIOD** | 1025.00 | ← Enter on page 1, line 2 1102.53 |

* 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 kee detailed accounts and records of all expenditures, but need only itemize those over $50. Expenditures $50 and under may be added togeth 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 requir 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 | Amoun |
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| Line 12: Total Expenditures over $50 (or listed above) | |
| Line 13: Total Expenditures $50 and under* (not listed above) | |
| **Line 14: TOTAL EXPENDITURES IN THE PERIOD** | |

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 itemize above.

## SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amoun |
|---|---|---|---|---|
| 9/5/18 | Home Depot | 350 Russell St Hadley MA 01035 | Sign making supplies | 54.7 |
| 9/12/18 | Hungry Ghost Design | 15 Lincoln St Greenfield MA | website development | 500. |
| 9/26/18 | Sunrise Inc | P.O. Box 390 Hadley MA 01035 | flyers + buttons | 298.35 |
| ~~10/23/18~~ | ~~Sunrise Inc.~~ | ~~P.O. Box 390 Hadley MA 01035~~ | ~~Lawn Signs~~ | ~~221.57~~ |
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| Line 12: Expenditures over $50 (or listed above) | 853.14 |
| Line 13: Expenditures $50 and under* (not listed above) | 26.69 |
| Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD** | 879.83 |

* If you have itemized expenditures of $50 and under, include them in line 12. Line 13 should include only those expenditures 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 added together from the committee's records and included in line 6 on page 1.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
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| | | 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** | | |

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 addr 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 w as those liabilities incurred during this reporting period.*

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|---|---|---|---|---|
| 8/17/18 | Sunraise Inc | P.O. Box 390 Hadley MA 01035 | Lawn Signs Brochures | 417.56 |
| 9/5/18 | Sarah Swartz | 11 Meadow St Amherst MA 01002 | Loan (purchased supplies) | 54.7 |
| 9/21/18 | Sunraise Inc | P.O. Box 390 Hadley MA 01035 | Lawn signs | 106.25 |
| 9/24/18 | Sarah Swartz | 11 Meadow St Amherst MA 01002 | Loan (purchased supplies) | 22.74 |
| 10/15/18 | Sunraise Inc | P.O. Box 390 Hadley MA 01035 | Lawn signs | 106.25 |
| 10/18/18 | Sunraise Inc | P.O. Box 390 Hadley MA | t-shirts | 208.40 |
| 9/9/18 | Sarah Swartz | 11 Meadow St Amherst MA 01002 | Loan | 400.00 |
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Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 1315.99