



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

Office of Campaign and Political Finance



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: Rosemary Byrne
 Residential Address: 19 Peter Hobart Dr.
 City / State / Zip: Hingham MA 02043
 E-Mail Address: rosemarybyrnenp@gmail.com Phone #: 617 839 9164
 Party Affiliation: _____ (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: Board of Health
 District: _____

COMMITTEE: Name of Committee: Committee to Elect Rosemary Byrne for Board of Health
(The name of the committee must include the candidate's last name)
 Committee Mailing Address: 19 Peter Hobart Dr.
 City / State / Zip: Hingham MA 02043 Phone #: 617 839 9164

OFFICERS:	
Chair: <u>Karen Daly</u> Residential Address: <u>26 Winfield Rd.</u> City / State / Zip: <u>Hingham MA 02043</u> Phone #: <u>617 605 5150</u>	Treasurer*: <u>Rebecca Lynch</u> Residential Address: <u>6 Concord Cir</u> City / State / Zip: <u>Hingham MA 02043</u> Phone #: <u>617 699 5192</u> Email: <u>rslynch2008@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 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:

Rosemary Byrne Date: 3/16/2022
 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:

Rebecca Lynch Date: 3/21/22
 Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Karen Daly Date: 3/21/22
 Chair's signature

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 03/17/2022 Ending Date: 05/04/2022

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

Rosemary D Byrne
Candidate Full Name (if applicable)
Hingham Board of Health
Office Sought and District
19 Peter Hobart Dr Hingham MA 02043
Residential Address
E-mail: rosemarybyrnenp@gmail.com
Phone # (optional): 617-839-9164

Committee to Elect Rosemary Byrne
Committee Name
Rebecca Lynch
Name of Committee Treasurer
19 Peter Hobart Dr Hingham MA 02043
Committee Mailing Address
E-mail: rslynch2008@gmail.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	2023.84
Line 3: Subtotal (line 1 plus line 2)	2023.84
Line 4: Total expenditures this period (page 5, line 14)	2023.84
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)	393.84
Line 8: Name of bank(s) used:	TD 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: Rebecca Lynch (Treasurer's signature) Date: 01/20/2023

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: Rosemary Byrne (Candidate's signature) Date: 01/20/2023

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)
04/01/2022	Rosemary Byrne 19 Peter Hobart Dr Hingham MA 02043	300	Nurse Practitioner Hyperbaric Medical Solutions
03/18/2022	Evonne Delaney 2701 Kinney Oaks Ct Austin TX 78704	100	
03/17/2022	Scott Klein 12 Peter Hobart Dr Hingham MA 02043	100	
03/17/2022	Sandra McKenna 6 LeClair Dr Hingham MA 02043	100	
03/24/2022	Amy Sweeney 18 Hazelwood Dr Hingham MA 02043	100	
03/26/2022	Holly Weiss 5326 Anita St Dallas TX 75206	500	SVP/Investor Relations McKesson
03/20/2022	Rosemary Byrne 19 Peter Hobart Dr Hingham MA 02043	Loan 34.50	
03/20/2022	Rosemary Byrne 19 Peter Hobart Dr Hingham MA 02043	Loan 25	
03/20/2022	Rosemary Byrne 19 Peter Hobart Dr Hingham MA 02043	Loan 37.18	
03/20/2022	Rosemary Byrne 19 Peter Hobart Dr Hingham MA 02043	Loan 297.16	Nurse Practitioner Hyperbaric Medical Solutions
Line 9: Total Receipts over \$50 (or listed above)		1497.16	
Line 10: Total Receipts \$50 and under* (not listed above)		526.68	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2023.84	← 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 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
03/24/2022	Rosemary Byrne	19 Peter Hobart Dr Hingham MA 02043	loan to campaign committee	34.50
04/06/2022	Rosemary Byrne	19 Peter Hobart Dr Hingham MA 02043	loan to campaign committee	25
04/08/2022	Rosemary Byrne	19 Peter Hobart Dr Hingham MA 02043	loan to campaign committee	37.18
04/09/2022	Rosemary Byrne	19 Peter Hobart Dr Hingham MA 02043	loan to campaign committee	297.16
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	393.84

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

RECEIVED

JAN 24 2023

Town Clerk
Hingham, MA

File with: City or Town Clerk or Election Commission

 Fill in Reporting Period dates: Beginning Date: 05/05/2022 Ending Date: 06/13/2022

Type of Report: (Check one)

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

Rosemary D Byrne

Candidate Full Name (if applicable)

Hingham Board of Health

Office Sought and District

19 Peter Hobart Dr Hingham MA 02043

Residential Address

E-mail: rosemarybyrnenp@gmail.comPhone # (optional): 617-839-9164

Committee to Elect Rosemary Byrne

Committee Name

Rebecca Lynch

Name of Committee Treasurer

19 Peter Hobart Dr Hingham MA 02043

Committee Mailing Address

E-mail: rslynch2008@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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

0

Line 3: Subtotal (line 1 plus line 2)

0

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

0

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)

393.84

Line 8: Name of bank(s) used: TD 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:

Rebecca Lynch

(Treasurer's signature)

Date: 01/20/2023

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:

Rosemary Byrne

(Candidate's signature)

Date: 01/20/2023



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 06/13/2022 Ending Date: 12/31/2022

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

Rosemary D Byrne
Candidate Full Name (if applicable)
Hingham Board of Health
Office Sought and District
19 Peter Hobart Dr Hingham MA 02043
Residential Address
E-mail: rosemarybyrnenp@gmail.com
Phone # (optional): 617-839-9164

Committee to Elect Rosemary Byrne
Committee Name
Rebecca Lynch
Name of Committee Treasurer
19 Peter Hobart Dr Hingham MA 02043
Committee Mailing Address
E-mail: rslynch2008@gmail.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	393.84
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	TD 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: Rebecca Lynch (Treasurer's signature) Date: 01/20/2023

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: Rosemary Byrne (Candidate's signature) Date: 01/20/2023

