



Commonwealth
of Massachusetts

**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: <u>Marina Baklanova</u>
Residential Address:	<u>153 Nason Hill Rd.</u>
City / State / Zip:	<u>Sherborn</u> <u>MA</u> <u>01770</u>
E-Mail Address:	<u>maribaklanova@gmail.com</u>
Party Affiliation:	<u></u> (If applicable)
OFFICE SOUGHT/PURPOSE:	
Title:	<u>School Committee</u>
District:	<u>Sherborn</u>

COMMITTEE:	Name of Committee: <u>Committee to elect Marina Baklanova to SSC</u>
(The name of the committee must include the candidate's last name)	
Committee Mailing Address:	<u>153 Nason Hill Rd.</u>
City / State / Zip:	<u>Sherborn</u> <u>MA</u> <u>01770</u> Phone #: <u></u>
OFFICERS:	
Chairman:	<u>Marina Baklanova</u>
Residential Address:	<u>153 Nason Hill Rd</u>
City / State / Zip:	<u>Sherborn</u> <u>MA</u> <u>01770</u>
Phone #:	<u>510 512 3373</u>
Treasurer*:	<u>Ivan Khodyuk</u>
Residential Address:	<u>153 Nason Hill Rd.</u>
City / State / Zip:	<u>Sherborn</u> <u>MA</u> <u>01770</u>
Phone #:	<u>510 990 7537</u> Email: <u>KHODYUK@GMAIL.COM</u>
*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.)

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: 3/30/2023

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: 03/30/2023

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature

Date: 3/30/2023



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:

04/10/2023

Ending Date:

05/08/2023

Type of Report: (Check one)

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

Marina Baklanova

Candidate Full Name (if applicable)

Sherborn School Committee

Office Sought and District

153 Nason Hill Rd., Sherborn

Residential Address

Telephone Number (optional): 570-572-3373

Committee to elect Marina Baklanova to SJC

Committee Name

Ivan Khodyuk

Name of Committee Treasurer

153 Nason Hill Rd, Sherborn

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)

2085.14

Line 3: Subtotal (line 1 plus line 2)

2085.14

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

2085.14

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

0

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

0

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

0

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

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:

Ivan Khodyuk

(Treasurer's signature)

Date: 05/08/2023

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 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 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:

(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)
4/22/2023	Nicholas Halko	992.06	Self

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

992.00

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

1000

Line 11: TOTAL RECEIPTS IN THE PERIOD

992.00

← 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)
4/23/23	MARIAH RIESS 35 PINE ST DOVER	400.	Merapost
4/23/23	CATHERINE WELCH PINE ST DOVER, MA	600	domestic engineer
4/23/23	JOHN BENNETT 1 POND ST DOVER, MA	50.	engineer
5/01/23	IVAN KHACHATYAN 153 Nason Hill Rd Sherborn, MA	43.14	

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

1093.14

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

1100

Line 11: TOTAL RECEIPTS IN THE PERIOD

1093.14

← 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.