

Form CPF M 102: Campaign Finance Report 3456

Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 1/	1/2023 Ending Date: 12/3 1/2023			
Type of Report: (Check one)	· scuco-			
8th day preceding preliminary 8th day preceding election	☐ 30 day after election			
Robert R Gotti	Committee to Elect Robert R Gotti			
Candidate Full Name (if applicable) Select Board, Westwood, MA	Committee Name Christopher Giovino			
Office Sought and District	Name of Committee Treasurer			
55 Rock Meadow Road, Westwood, MA 02090	476 Everett Street, Westwood, MA 02090			
Residential Address	Committee Mailing Address			
E-mail: robert.gotti@me.com	E-mail: ckgiovino@gmail.com			
Phone #:	Phone #:			
SUMMARY BALAN	NCE INFORMATION:			
Line 1: Ending Balance from previous report	1080.74			
Line 2: Total receipts this period (page 3, line 12)				
Line 3: Subtotal (line 1 plus line 2)	1080.74			
Line 4: Total expenditures this period (page 5, line	15)			
Line 5: Ending Balance (line 3 minus line 4)	1080.74			
Line 6: Total in-kind contributions this period (page	e 6, line 18)			
Line 7: Total (all) outstanding liabilities (page 7, lin	ne 19)			
Line 8: Total out-of-pocket expenses this period (page	ge 8, line 22)			
Line 9: Name of bank(s) used: Needham Ba	ank, Westwood, MA			
Affidavit of Committee Treasurer: It 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: (Treasurer's signature) Date: 1-17-24				
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.				
	- 1/m/2 21			
Signed under the panalties of perippy: ///////////////////////////////////	(Candidate's signature) Date: 1/17/20/			

SCHEDULE A: RECEIPTS

4:G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar ear. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of 50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

**Itach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employe56 (for contributions of 8200 or more)
			Occupation & Employer 6 (for contributions of 8200 or more)
			Cod Second Billion
			**Colored

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			833 123456 Jeo 101
			200 A RED 1011
			441181920212223
Line 10: Total Receipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and	
Line 11: Total Receipts \$50 and under (not listed above)			under, include them in line 10. Line 11 should include only those receipts not itemized above.
ine 12: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure Amount
			872790 REC 7 2024 721314
			Purpose of Expenditure Amounts Amounts

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	456 Ameny
			28.28.28.28.28.28.28.28.28.28.28.28.28.2	111213 2024
			ST.ST. WILL	8119
				6000
	e itemized expenditures of \$50	Line 13: Expenditures over \$50	(or listed above)	
and under, in should include	clude them in line 13. Line 14 de only those expenditures not itemized above.	Line 14: Expenditures \$50 and t	under (not listed above)	
	Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD			

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

lude the candidate or committee name and a-page number on each additional page.				
Date Received	From Whom Received*	Residential Address	Description of Contribution	456 after
			28 29 30 28 29 30	456 vafter
			18 18 18 18 18 18 18 18 18 18 18 18 18 1	18118 18118
				1206
* If you have itemized in-kind contributions of		Line 16: In-Kind Contributions o	ver \$50 (or listed above)	
\$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above. Line 17: In-Kind Contributions \$50 and under (not listed above)				
	Enter on page 1, line 6 →	line 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD		

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purnose	Anfrigat
			RECE JAN 1	2024 101112
			92021502B	81 (1915)
	n	Line 19: TOTAL OUTSTAN	DINC LIABILITIES (ALL)	

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach explictional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on contributional page.

			RECEIVED 21
Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure 2024
			27 150561814181814181V
or listed above) Line 21: Total Uniter	ed Out-Of-Pocket Expenditures Over \$50 nized Out-Of-Pocket Expenditures \$50 and		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed abov	ve) OF-POCKET EXPENDITURES IN THE PERIOD		itemized above. ← Enter on page 1, line 8 Page 8