

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Romanicipal Form

Office of Campaign and Political Finance

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File with: City or 4/23/24 **Ending Date:** 5/22/24 Fill in Reporting Period dates: Beginning Date: Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Committee to Elect Rober R Gotti Robert R Gotti Committee Name Candidate Full Name (if applicable) Select Board, Westwood, MA 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: ckgiovino@gmail.com E-mail: robert.gotti@me.com Phone #: Phone #: SUMMARY BALANCE INFORMATION: 3.089.30 Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 12) 13.089.30 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 15) 3,089.30 Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6, line 18) 0 Line 7: Total (all) outstanding liabilities (page 7, line 19) Line 8: Total out-of-pocket expenses this period (page 8, line 22) | 0 Needham Bank, Westwood, MA Line 9: Name of bank(s) used: 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. (Treasurer's signature) Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee 1 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 m behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

(Candidate's signature)

### **SCHEDULE A: RECEIPTS**

M.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 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 received of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-king contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on \$60 contributions.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number of \$20 ch additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation Employer  (for contributions of \$200,000 feet)
			- Annual Control Contr

**SCHEDULE A: RECEIPTS (continued)** Occupation & Employer (for contributions of \$200 or more) Name and Residential Address **Date Received** (alphabetical listing required) **Amount** \* If you have itemized receipts of \$50 and Line 10: Total Receipts over \$50 (or listed above) under, include them in line 10. Line 11

Line 11: Total Receipts \$50 and under (not listed above)

Line 12: TOTAL RECEIPTS IN THE PERIOD

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1 4	ur.	- 7

should include only those receipts not

itemized above.

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 alphabetic apptile, 16 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 E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a lage number on each additional page.

To Whom Do! J			MAY 23 2024 617		
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose Expenditure	Amount	
			1324252621	Astrount 12	

	SCHEDULE B: EXPENDITURES (continued)			AS618910117273787	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditore 2 3	Amount	
			Purpose of Expenditore 23	8192077	
			1.25.26.29	866	

* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14	Line 13: Expenditures over \$50 (or listed above)	
should include only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)	
Enter on page 1, line 4 →	Line 15: TOTAL EXPENDITURES IN THE PERIOD	

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.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 be again and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary to well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to peper all receipts. Please include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution 2024 Value
			R. S. B. C. C. L.
	itemized in-kind contributions of	Line 16: In-Kind Contributions ov	er \$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 \$5	0 and under (not listed above)
Enter on page 1, line 6 →		Line 18: TOTAL IN-KIND CONT	TRIBUTIONS 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 those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose Amount
			Tublise Viloria Victity
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAN	DING LIABILITIES (ALL)

## SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPLASES

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

	NT A A A A A CT7 A			
Name and Address of Vendor  Date Paid (alphabetical listing required) Amount			Purpose of Expenditure	
Date Faid	(aiphaotical listing requires)	1	Taipood of Emporation	
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 or listed above)  Line 21: Total Unitemized 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 above)  Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			itemized above.  ← Enter on page 1, line 8  Page 8	