

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	23 Ending Date: 4/26/23
Type of Report: (Check one)	
	y after election year-end report dissolution
Charles a Completion	
Christine Gauthier Candidate Full Name (if applicable)	Committee Name
Library Trustee	Committee (Value
Office Sought and District Rockland	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Phone # (optional): Phone # ((optional):
	DAG A TIVON
SUMMARY BALANCE INFO	RMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	183.28 0
Line 3: Subtotal (line 1 plus line 2)	183.28 0
Line 4: Total expenditures this period (page 5, line 14)	183.28
Line 5: Ending Balance (line 3 minus line 4)	183-28
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: Rockland	Federal Credit-Union
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowl activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions	
finance activity of all persons acting under the authority or on behalf of this committee in accordance w	with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date:
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 k activity, of all persons acting under the authority or on behalf of this committee in accordance with incurred any liabilities nor made any expenditures on my behalf during this reporting period that a	the requirements of M.G.L. c. 55. I have not received any contributions,
I certify that I have examined this report including attached schedules and it is, to the best of my k finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind cont campaign finance activity of all persons acting under the authority or on behalf of this candidate in	tributions and liabilities for this reporting period and represents the
Signed under the panelties of periury	Date: 4/25/23

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
414/23			
			BA-144. 11-14(A)
Line 9: Total Receip	pts over \$50 (or listed above)		
Line 10: Total Recei	ipts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	29 Line 10 shoul	← Enter on page 1, line 2 Id include only those receipts not itemized above.

^{*} 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 (continued)

To Whom Paid (alphabetical listing) Address Purpose of Expenditure Amount	SCHEDULE B. EXTENDITORES (continued)					
Line 12: Expenditures over \$50 (or listed above)	Date Paid				Amount	
	4/4123	East-Coast Printing	2 Keith way Unit 5 Hington	lawn Signs	183.28	
		75.				
Line 13: Expenditures \$50 and under* (not listed above)			Line 12: Expenditures over \$50	(or listed above)		
			Line 13: Expenditures \$50 and t	under* (not listed above)		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD (State 2) * If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					183.28	

^{*} 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 D: LIABILITIES

 $M.G.\dot{L}.$ 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
		F		