

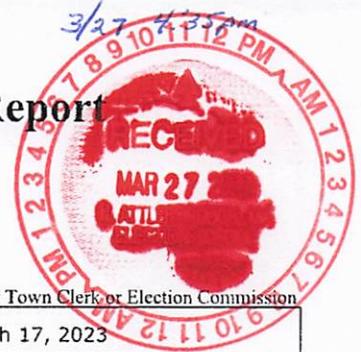


Commonwealth of Massachusetts

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: April 6, 2022 Ending Date: March 17, 2023

Type of Report: (Check one)

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

James Gideon Gaudette
Candidate Full Name (if applicable)

School Committee
Office Sought and District

22 Virginia Avenue, Attleboro Falls, MA 02763
Residential Address

E-mail: gidgaudette@gmail.com

Phone # (optional): 508-254-0321

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	718.00
Line 3: Subtotal (line 1 plus line 2)	718.00
Line 4: Total expenditures this period (page 5, line 14)	718.00
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)	
Line 8: 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.

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 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: James Gideon Gaudette (Candidate's signature) Date: March 27, 2023



Form CEM 192: Campaign Finance Report
Municipal Form

Form No. CEM 192
Date: _____

I am the candidate
 I am the presiding officer
 I am the returning officer

Electoral Name	Electoral District
Address	Office Address
Telephone No.	Office Telephone No.
Signature	Signature

SUMMARY BALANCE INFORMATION

Line 1: Total Receipts from the Campaign	
Line 2: Total Receipts from the Party (see 11)	
Line 3: Total Receipts from the Candidate	
Line 4: Total Receipts from the Party (see 11)	
Line 5: Total Receipts from the Candidate	
Line 6: Total Receipts from the Party (see 11)	
Line 7: Total Receipts from the Candidate	
Line 8: Total Receipts from the Party (see 11)	

I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief. I understand that any false or misleading information furnished hereunder may constitute a criminal offense under the law.

Signature: _____
 Name: _____
 Title: _____

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)
2-27-23	James Gideon Gaudette 22 Virginia Avenue Attleboro Falls, MA 02763	718.00	Director of Technology Whitman-Hanson Regional School District
Line 9: Total Receipts over \$50 (or listed above)		718.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		718.00	← 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. Page 2

