

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED

By Town Clerk at 8:30 am, Mar 29, 2024

ill in Ponert' P. 1.1. Polyton Pater	File with: City or Town Clerk or Election Commissio
ill in Reporting Period dates: Beginning Date:	1/1/2024 Ending Date: 3/22/24
ype of Report: (Check one) 8th day preceding preliminary 8th day preceding election	on 30 day after election year-end report dissolution
oseph Gallagher	Committee to elect Joe Gallagher
Candidate Full Name (if applicable) Oard of Library Trustees	Committee Name Kathleen Gallagher
Office Sought and District 1 Phillips Rd, Lynnfield MA 01940	Name of Committee Treasurer 71 Phillips Rd, Lynnfield MA 01940
Residential Address nail: jobriga@gmail.com	Committee Mailing Address E-mail: kathpetro@gmail.com
one #: 617-877-2348	Phone # : 978-430-0110
SUMMARY BALA	ANCE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line	\$420.75
Line 5: Ending Balance (line 3 minus line 4)	\$420.75
Line 6: Total in-kind contributions this period (page	ge 6, line 18) 0
Line 7: Total (all) outstanding liabilities (page 7, l	
Line 8: Total out-of-pocket expenses this period (p	page 8, line 22) \$420.75
Line 9: Name of bank(s) used:	**
ty, including all contributions, loans, receipts, expenditures, disbursements, increativity of all persons acting under the authority or on behalf of this committed under the penalties of perjury: **RCANDIDATE FILINGS ONLY: Affidavit of Candidate: (check Candidate with Committee certify that I have examined this report including attached schedules and it is,	(Treasurer's signature) Date: 4/29/24 k 1 box only) to the best of my knowledge and belief, a true and complete statement of all campaign file in accordance with the requirements of M.G.L. c. 55. 1 have not received any contribution period that are not otherwise disclosed in this report.

(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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

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

	needed to report all receipts. Please include the candidate or committee in Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)			* If you have itemized receipts of \$50 and
Line 11: Total Rece	eipts \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL I	RECEIPTS 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 E. 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

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid		B 45	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
* If you have	itemized expenditures of \$50	d expenditures of \$50 Line 13: Expenditures over \$50 (or listed above)		
and under, inc should includ	clude them in line 13. Line 14 de 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 keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as 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 report all receipts. Please include the candidate or committee name and a page number on each additional pages.

	or committee name and a-page number on			
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
\$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Eme 10. III-Kind Conditionalis over \$50 (or iisted above)		
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
		Line 18: TOTAL IN-KIND CONT	RIBUTIONS 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.

To Whom Due	Address	Purpose	Amount
		To Whom Due Address Address Address Address	To Whom Due Address Purpose Address Purpose Address Purpose Address Purpose Address Purpose Address Purpose

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 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	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			← Enter on page 1, line 8