



Commonwealth of Massachusetts

23 APR 6 9:42AM

Form CPF M109: Statement of Municipal Candidate Not Raising or Expending Campaign Funds Office of Campaign and Political Finance

KA ORLEANS TOWN CLERK

File with: Local Election Official (City or Town Clerk)

Candidate's Name: ROBERT E GWIN
Office Sought: BOARD OF HEALTH
Residential Address: 5 BAMBURI WAY
City / State / Zip: ORLEANS MA 02653
E-Mail Address: ROBERT.GWIN@GWIN.COM Phone Number: 508 400 4172

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose, nor do I currently have any outstanding liabilities for prior campaign-related activity.

- 1. Ending balance from previous report ZERO
2. Total receipts for reporting period ZERO
3. Subtotal ZERO
4. Total Expenditures for reporting period ZERO
5. Ending balance ZERO

After filing this statement, if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, in the calendar year in which it is filed, required by Chapter 55 of the Massachusetts General Laws.

This form is valid through December 31 of the year in which it was signed.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature: [Handwritten Signature] Date: 4/6/23