

### Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| of Massach   | usetts   |   | 1-   | 1-2034  |  | 12-31   | -24                    |
|--|--|---|--|---|--|---|------------------------|
| Fill in R  | Reporting Period dates:  | Beginning Date:   |  | h 4, 202  | Ending D   | File with: City or Town Cle   | erk or Election Comm   |
| Type of  | Report: (Check one)  |   |  |   |  |   |                        |
| ☐ 8th da   | ay preceding preliminary   | 8th day preceding elec  | tion   | ☐ 30 day after  | election   | year-end report   | dissolution            |
| Anthony  | / M. Ventresca   |   |  | Anthonyald  |  |   |                        |
| Planning   | Candidate Full Name (if ap<br>g Board, Billerica   | plicable)   |  | Teresa A. B   |  | for Planning Board  |                        |
| 31 Sher  | Office Sought and Dis<br>idan St., Billerica, MA 01821   |   |  |   | Nam  | ne of Committee Treasurer<br>Ca, MA 01821                                   |                        |
| Remail: AV   | Residential Address<br>entresca.billerica.pct9@gmail   | 3   |  |   | Cor  | nmittee Mailing Address   |                        |
|  | 175044683  | com   |  | E-mail: aventr  | esca.biller  | ica.pct9@gmail.con  | n                      |
|  |  |   |  | Phone # : 6175  | 044683   |   |                        |
|  |  | SUMMARY BAL   | ANCE   | INTEGRAL  | (BLOW  |   |                        |
|  |  |   | AITCE  |   | TION:  |   |                        |
|  | Line 1: Ending Balance fro   |   |  | -614  | .16  |   | 7                      |
|  | Line 2: Total receipts this  | period (page 3, line 12   | 2)   | 250.0   | 00   |   |                        |
|  | Line 3: Subtotal (line 1 plu   | s line 2)   |  | -364  | 1.16   |   |                        |
|  | Line 4: Total expenditures   | this period (page 5, li   | ne 15)   | 863   | 3.40   |   |                        |
|  | Line 5: Ending Balance (lin  | ne 3 minus line 4)  |  | -12   | 27.56  | 500   |                        |
|  | Line 6: Total in-kind contri   | butions this period (pa   | age 6, lir   | ne 18) 16.0   | 00   | - m <sub>C</sub> ω  | 号                      |
|  | Line 7: Total (all) outstandi  | ng liabilities (page 7,   | line 19)   | 0.00  | )  | <del>- 5</del>  | ┤ 孨                    |
|  | Line 8: Total out-of-pocket  | expenses this period (  | page 8, 1  | ine 22) 0.00  | )  |   | ╣ 🛱                    |
|  | Line 9: Name of bank(s) us   | santander   |  |   |  | <del></del>   |                        |
| ertify that I<br>ivity, includ<br>ance activity                                      | committee Treasurer: have examined this report including attact ling all contributions, loans, receipts, expet y of all persons acting under the authority the penalties of perjury:   | hed schedules and it is, to the<br>enditures, disbursements, in<br>or on behalf of this commi                                 | he best of a<br>skind cont<br>ttee in acc                  | my knowledge and<br>tributions and liabili<br>ordance with the rea                        | belief, a true a<br>ities for this re<br>quirements of | nd complete statement of al<br>porting period and represen<br>M.G.L. c, 55. | l campaign finance     |
|  | 17-777   |   |  | (   | (Treasurer's sig                                       | mature) Date: 1   | /12/2025               |
| Candidate I certify the activity, or incurred as Candidate I certify the finance act | DIDATE FILINGS ONLY: Affire with Committee that I have examined this report including a fall persons acting under the authority or my liabilities nor made any expenditures of the without Committee at I have examined this report including a tivity, including contributions, loans, receiping a stivity of all pages activity of all pages activity of all pages activity. | attached schedules and it is,<br>on behalf of this committee<br>on my behalf during this rep<br>attached schedules and it is, | , to the bes<br>e in accord<br>porting peri<br>to the best | it of my knowledge<br>lance with the requi-<br>iod that are not othe<br>t of my knowledge | erwise disclose  | d in this report.   | ved any contributions, |
| 1 0  | or all persons acting unde   | ipts, expenditures, disburse<br>t the authority or on behalf  | ments, in-<br>of this car                                  | kind contributions a<br>adidate in accordance   | and liabilities for                                    | uirements of M.G.L. c. 55,  | represents the         |
| rea munch, f   | the penalties of perjury:  | WWW   |  |   | Candidate's sig  | Date: 1/  | 12/2025                |



## Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

| r                                     | chusette  |                                  |                             | Political Finance  |                          |
|---------------------------------------|---|----------------------------------|-----------------------------|--|--------------------------|
| _                                     | Reporting Period dates:   | Beginning Date:                  | March 4, 2024               | File with: City or Tow   | n Clad                   |
| Type                                  | of Report: (Check one)  |                                  |                             | Ending Date: Dec 31,   | n Clerk or Election Comm |
| □ 8th                                 | day preceding preliminary   |                                  |                             |  | 2027                     |
|                                       | y preceding preliminary   | 8th day preceding elec           | at                          |  |                          |
| Anthor                                |   | - S OICC                         | tion 🔲 30 day at            | ter election   |                          |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ny M. Ventresca   |                                  |                             | 2 your ond repo  | -maniation               |
| Plannin                               | Candidate Full Name (if:  | ipplicable)                      | Anthony                     | M. Ventresca for Planning Box  |                          |
| 1                                     | 7   |                                  |                             | onlesca for Planning Bor   | ard .                    |
| 31 She                                | Office Sought and D<br>riden St., Billerice, MA 01821   | strict                           | Teresa A.                   | Boya Committee Name  |                          |
|                                       | Residential Addre   |                                  | 31 04                       | Name of Committee Treasur  |                          |
| P-mail: A\                            |   | H                                | 31 Sherid                   | IVIA 01821   |                          |
| Phone #: 6                            | 175044683   | rcom                             | B-mail: Ave.                | Committee Mailing Address  |                          |
|                                       |   |                                  | Die Con                     | TOWN THE PROPERTY OF THE PROPE   | om                       |
|                                       |   |                                  |                             | 0044683  |                          |
|                                       |   | SUMMARVELT                       |                             |  |                          |
|                                       | Line 1: Rudinan .   | SUMMARY BALA                     | LYCE INFORM                 | ATION:   |                          |
|                                       | - a - runted II.  | om previous report               | <del></del>                 |  | 7                        |
|                                       | Line 2: Total receipts this   | Deriod (                         | [-67                        | 4.16   | <del>-</del>             |
| j                                     | Idna 2. com   | (page 3, line 12)                | 250                         | .00  |                          |
|                                       | Line 3; Subtotal (line 1 plu  | s line 2)                        |                             |  |                          |
| j                                     | Line 4: Total expenditures  | 41.9.                            | -36                         | 4.16   | <b>5</b>                 |
| l                                     | Line 4: Total expenditures  | tots period (page 5, line        | 15) 86                      | 3.40   | 긛 ㅣ                      |
|                                       | Dine 5: Ending Balance (lin   | e 3 minus II                     |                             |  |                          |
| - 1                                   | Line 6: Total in kind contril   | vition 4.1                       | -12                         | 27.56  | <b>,</b>                 |
| - 1                                   | Line 6: Total in-kind contril   | ottons this period (page         | 6, line 18) 16.             | 20   | ᆗ │                      |
|                                       | Total (all) outstanding   | g liabilities (nage 7 11         | . 103                       |  | 7                        |
| - 1                                   | Line 8: Total out-of-pocket a   | una                              | 0.00                        | )  | -                        |
| 1                                     | Line 8: Total out-of-pocket e   | rpenses this period (pag         | 8, line 22) 0.00            |  | J                        |
| _ L                                   | (s) use   | i: Santander                     |                             |  | 7                        |
| daylt of Co                           | umittee Treasurer:  |                                  |                             |  | ₹                        |
| ity, including                        | ve examined this report including attache   | d schedule                       |                             |  | ]                        |
| ice activity (                        | of all persons soting under the authorize   | dityres, disbursoments in the    | at of my knowledge and      | belief - t   |                          |
| ed under th                           | penalties of perjury  | on behalf of this committee i    | in accordance with the      | belief, a true and complete statement of al<br>ties for this reporting period and represent<br>uirements of M.G.L. c, 55.  | campaign finance         |
| R CANDI                               | DATE RIL INCO   |                                  | - The second second         | 1 W. ATV 6' 33'  | a the campaign           |
| andides.                              | DATE FILINGS ONLY: Amds   | vit of Candidates (check 1 b     | (                           | Treasurer's signature) Date: 1/  | 12/2025                  |
| certify that                          | Thayo examined this remains   | 4 vale I D                       | or outh)                    |  |                          |
| ncurred and                           | persons setting under the authority or on   | ched schedules and it is, to the | e has as                    |  |                          |
| u atshibus.                           | monthes nor made any expenditures on a  | ny behalf during this            | cordance with the require   | nd belief, a true and complete statement   | c.,,                     |
| certify that I                        | persons acting under the authority or on<br>liabilities nor made any expenditures on a<br>lithout Committee<br>have examined this report including attact,<br>y, including contributions. | una reporting                    | s period that are not other | nd belief, a true and complete statement o<br>ements of M.G.L. c. 55. I have not receive<br>wise disclosed in this report.   | ed any contribut         |
|                                       |   |                                  |                             |  | *                        |
|                                       | or all betsons acting under the   | authority or on habets and       | in-kind contributions an    | ements of M.G.L. c. 55. I have not receive<br>wise disclosed in this report.  In the statement of disclosed for this reporting period and rewards the statement of disbilities for this reporting period and rewards the statement of |                          |
| under the                             | y, including contributions, leans, receipn more settivity of all persons acting under the penalties of perjury:   | Sin woman of this                | s candidate in accordance   | wise disclosed in this report.  In all the statement of a liabilities for this reporting period and rewith the requirements of M.G.L. c. 53.   | presents the             |
|                                       |   | SAF:                             |                             | ndidate's signature) Date: 1/1   | j                        |
|                                       |   |                                  |                             |  |                          |

### 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 M.C.L. c. 33 requires the name and residential address be reported, in appraisance order, for an recorpts from a contributor over \$300 in the aggregate in a casendar 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 year. In aumition, the occupation and employer must be reported for caum continuous with continuous action or more in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and and the condidate intended condidate received in the state of the state of the contributions and the condidate intended condidate received in the state of the contributions and the condidate intended condidate received in the state of the condidate intended condidate received in the state of the condidate received in the contribution of the condidate received in the condidate received in the condidate received in the condidate received in the contribution of the condidate received in the condidate received in the condidate received in the condition of the condi received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D 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.

| Date Received<br>12/20/2024 | Name and Residential Address (alphabetical listing required)   | Amount      | Uccumpation o D           |
|-----------------------------|--|-------------|---------------------------|
| ··                          | Billerica Republican Town Committee Laureen Knowles, Treasurer | 250.00      |                           |
|                             | Laureen Knowles -  | 250.00      | Republican Town Committee |
|                             | Treasurer Treasurer  |             | M. Gollintiffee           |
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### SCHEDULE A: RECEIPTS (continued)

| Date Received                           | Name and Residential Address<br>(alphabetical listing required) | Amount          | Occupation & Employer                       |
|---|---|-----------------|---|
|   |   |                 | (for contributions of \$200 or more)        |
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|   |   |                 |   |
| ine 10: Total Receipts or               | ver \$50 (or listed above)                                      |                 |   |
| ne 11: Total Receipts \$5               | O and O   | 0.00            | * If you have itemized receipts of \$50 and |
| ne 12: TOTAL RECEI                      | DOTO YALL   | <del>===-</del> | should include only those received          |
|   | 25  | 0.00            | itemized above.  Sinter on page 1, line 2   |

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 or committee must have 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<br>(alphabetical listing)   |  | proces expenditures of candidate repor<br>unittee name and a page number on eac  | - ччинолаг раз                         |
|-----------|--|--|--|--|
| 12/6/24   | Amazon.com   | Address  | Purpose of Expenditure   |  |
|           |  | 410 Terry Ave North<br>Seattle, WA 98109       | Stickers   | Amoun<br>156.61                        |
| 12/22/24  | Signsonthecheap.com  | 11525 Stonehollow S                            |  | 100.01                                 |
|           |  | 11525 Stonehollow Dr.<br>B220 Austin, TX 78758 | Signs and Bumper<br>Stickers   | 706.79                                 |
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## SCHEDULE B: EXPENDITURES (continued)

| Date Paid          | To Whom Paid (alphabetical listing    | HEDULE B; EXPENDITURE             | 7                      |        |
|--------------------|---------------------------------------|-----------------------------------|------------------------|--------|
|                    | 6                                     | Address                           | Purpose of Expenditure |        |
|                    |                                       |                                   |                        | Amou   |
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|                    |                                       |                                   |                        |        |
| * If you have item | nized expenditures of \$50            | T in 10 m                         |                        | ļ      |
| should include on  | ly those expenditure 14               | Line 13: Expenditures over \$50 ( | (or listed above)      | 000 4  |
| item               | 40070,                                | Line 14: Expenditures \$50 and m  | ndom (                 | 863.40 |
|                    | Enter on page 1, line 4 →             | Line 15: TOTAL EXPENDITU          | (not fisted above)     | 0.00   |
|                    | ;                                     | EXPENDITU                         | RES IN THE PERIOD      | 63.40  |

## 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 and less in the aggregate in a calendar year and less in the aggregate in a calendar year and less in the aggregate in a calendar year. Receipts from a contributor of \$50 in the aggregate in a calendar year. Receipts from a contributor of \$50 in the aggregate in a calendar year. Receipts from a contributor of \$50 in the aggregate in a calendar year. and less in the aggregate in a calendar year can be reported in total without hemization, however, the candidate or committee must keep detailed accounts and and tess in me aggregate in a catendar 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

| Date Received                           | committee name and a-page num  From Whom Received*                    | adidate reported on Schedule D. Attach add<br>ber on each additional page.  Residential Address |                             | <del></del> |
|---|---|---|-----------------------------|-------------|
|   |   | TAGINESS.   | Description of Contributio  | n Value     |
| <u> </u>                                |   |   |                             |             |
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| * If you have item:                     |   |   |                             |             |
| 50 and under, includes should be to     | ed in-kind contributions of<br>the them in line 16. Line 17           | Line 16: In-Kind Contributions over   | \$50 (or lines at           |             |
|   | ie them in line 16. Line 17<br>y those expenditures not<br>zed above. | Line 17: In-Kind Contained  | (or risted above)           | 0.00        |
|   | _   | Line 17: In-Kind Contributions \$50 a   | nd under (not listed above) | 16.00       |
|   | . D, -, mo U -7   | Line 18: TOTAL IN-KIND CONTRI   | BUTIONS IN THE DEDUCE       | 6.00        |

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.

| Date Incurred To Whom Due |                                | Address                                 | D.                                      | <del> </del>  |
|---------------------------|--------------------------------|---|---|---------------|
|                           |                                |   | Purpose                                 | Amou          |
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| 1                         | Enter on page 1, line 7 → Line | 19: TOTAL OUTSTANDING                   |   |               |

# 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 B is not also entered on Schedule A or Schedule B. Direct monetary contributions are receipts that should be listed in Schedule A. If a candidate 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 intends an out-or-pocket expense to be a toan, enter the automostion on this senguine and on senguine D: Likolines. Attach automostic 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) |          |  |
|--|--|----------|--|
|  | S . Advited)   | Amount   | Purpose of Expenditure   |
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| ine 20: Total Itemized Out   | -Of-Pocket Expenditures Over \$50                          |          |  |
| ine 21: Total I Initalia   | Experiments Over \$50                                      | 0.00     | * If you have out  |
| nder (not listed above)  | Out-Of-Pocket Expenditures \$50 and                        | 0.00     | * If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenses. |
| ne z2: TOTAL OUT-OF-PO   | CKET EXPENDITURES IN THE PERIOD                            | 0.00     | itemized above.  |
|  | *Schedule E is not for b                                   |          | Enter on page 1, line 8  |