

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: Jar	nuary 1, 2025 Ending Date: March 28, 2025
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	n 30 day after election year-end report dissolution
Annette M. Famolare	
Candidate Full Name (if applicable)	Committee Name
School Committee Billerica	Sha S Sa
Office Sought and District	Name of Committee Treasurer
22 Elizabeth Rd. Billerica, MA Residential Address	Committee Mailing Address
Residential Address E-mail:	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALA	NCE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line	11)
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5,	, line 14)
Line 5: Ending Balance (line 3 minus line 4)	
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:	
	e best of my knowledge and belief, a true and complete statement of all campaign finance kind contributions and liabilities for this reporting period and represents the campaign ee 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 activity, of all persons acting under the authority or on behalf of this committee i incurred any liabilities nor made any expenditures on my behalf during this report	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting 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 finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on behalf or	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: and formatty	(Candidate's signature) Date: 3/10/25

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.)

Name and Residential Address			Occupation & Employer	
Date Received	(alphabetical listing required) Amount		(for contributions of \$200 or more)	
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ine 9: Total Rece	ipts over \$50 (or listed above)			
ine 10: Total Rec	eipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD		← 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.

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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			The state of the s
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* If you have itemize	draggints of \$50 and under include them in line	- 0 Line 10 shoul	I d 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

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	nittee name and a page number or		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		and the state of t		
		Line 12: Total Expenditures ov	er \$50 (or listed chave)	
•		Line 12. Total expenditures ov	er and (or tisted above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
		Eme 13. Total Expenditures \$30	and under (not used above)	
	Finter on nage 1 line 1 -	Line 14: TOTAL EXPENDIT	IRES IN THE PERIOD	
	Enter on page 1, the 4 ->	include them in line 12. Line 13 sl		

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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				-	
		Line 12: Expenditures over \$50	(or listed above)		
		Zino 12. Exponditures over \$50	(Or HOROGROUPE)		
Line 13: Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		

^{*} 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 C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

	Marie V			
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				The sales shared to the sa
				:
	:	Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.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
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