

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 01/01/2024 Ending Date: 03/28/2024 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Anthony M. Ventresca Candidate Full Name (if applicable) Planning Board Office Sought and District 31 Sheridan St., Billerica, MA 01821 Residential Address E-mail: tonyvbrtc@aol.com Phone #: 617-504-4683
Anthony M. Ventresca Candidate Full Name (if applicable) Planning Board Office Sought and District 31 Sheridan St., Billerica, MA 01821 Residential Address E-mail: tonyvbrtc@aol.com Residential Address E-mail: tonyvbrtc@aol.com Black # 617 504 4692
Anthony M. Ventresca Candidate Full Name (if applicable) Planning Board Office Sought and District 31 Sheridan St., Billerica, MA 01821 Residential Address E-mail: tonyvbrtc@aol.com Residential Address E-mail: tonyvbrtc@aol.com Anthony M. Ventresca for Planning Board Committee Name Teresa A. Bova Name of Committee Treasurer 31 Sheridan St., Billerica, MA 01821 Committee Mailing Address E-mail: tonyvbrtc@aol.com
Candidate Full Name (if applicable) Planning Board Office Sought and District 31 Sheridan St., Billerica, MA 01821 Residential Address B-mail: tonyvbrtc@aol.com Planning Board Teresa A. Bova Name of Committee Treasurer 31 Sheridan St., Billerica, MA 01821 Committee Mailing Address E-mail: tonyvbrtc@aol.com
Planning Board Office Sought and District 31 Sheridan St., Billerica, MA 01821 Residential Address E-mail: tonyvbrtc@aol.com Planning Board Committee Name Teresa A. Bova Name of Committee Treasurer 31 Sheridan St., Billerica, MA 01821 Committee Mailing Address E-mail: tonyvbrtc@aol.com
31 Sheridan St., Billerica, MA 01821 Residential Address B-mail: tonyvbrtc@aol.com Phone # 617 504 4693
E-mail: tonyvbrtc@aol.com E-mail: tonyvbrtc@aol.com E-mail: tonyvbrtc@aol.com
Bloom 617 504 4693
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report 0.00
Line 2: Total receipts this period (page 3, line 12)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 15)
Line 5: Ending Balance (line 3 minus line 4) -614.16
Line 6: Total in-kind contributions this period (page 6, line 18)
Line 7: Total (all) outstanding liabilities (page 7, line 19) Line 8: Total out of a last of the last
Entre 8: 1 otal out-of-pocket expenses this period (page 8, line 22) 614.16
Line 9: Name of bank(s) used: Santander
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 fibance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign of the committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Date: 3/24/24
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: (Candidate's signature) Date: 3/24/2024

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 received 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.

Date Received	Name and Residential Address		Occupation & Employer	
	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			More and the second of the sec
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ine 10: Total Passin	fo over \$50 (
	ts over \$50 (or listed above)	0.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
	ts \$50 and under (not listed above)	0.00	should include only those receipts not itemized above.
JIHE 12: TOTAL RE	CEIPTS IN THE PERIOD	0.00	← 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
1-14-2024	fiverr.com	fiverr.com	Logo	6.53
3/23/24	intuit mailchimp	mailchimp.com Atlanta, GA	emails	143.44
2/11/24	Signsonthecheap.com	11525-b Stonehollow Dr.#220 Austin, TX 78758	Lawn Signs	464.19
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SCHEDULE B: EXPENDITURES (continued)

Data Dald	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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* If you have !!	aminod avec 12			
and under, inclu	emized expenditures of \$50 ande them in line 13. Line 14	Line 13: Expenditures over \$50 (or listed above)		614.16
should include	only those expenditures not			
ite	emized above.	Line 14: Expenditures \$50 and under (not listed above)		0.00
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDITU	RES IN THE PERIOD	614.16
014.10				

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 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

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
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50 and under, in	mized in-kind contributions of clude them in line 16. Line 17	Line 16: In-Kind Contributions over	er \$50 (or listed above)	
snould include	only those expenditures not emized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	
		Line 18: TOTAL IN-KIND CONT	<u>L</u>	

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	Purpose	Amount
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	T-t	ne 19: TOTAL OUTSTANDI		

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 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 F
1/14/24	Fiverr.com	6.53	Purpose of Expenditure
3/23/24			
0/20/24	intuitmailchimp.com	143.44	emails
			The state of the s
2/11/24	signsonthecheap.com	464.19	Lawn Signs
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ne 20: Total Itemize r listed above)	ed Out-Of-Pocket Expenditures Over \$50	614.16	* If you have out of realest any come
	nized Out-Of-Pooket By1's and	[J17.10]	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
ne 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and older (not listed above)		0	should include only those expenditures not
ne 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	01440	itemized above.
	THE PERIOD	614.16	← Enter on page 1, line 8