

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

mitting production in the control of	File with: City or Town Clerk or Blection Commission			
Fill in Reporting Period dates: Beginning Date: 010	022024 Ending Date: 03282024			
Type of Report: (Check one)				
8th day preceding preliminary 28th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution			
Anthony M. Ventresca	Anthony M. Ventresca for Town Meeting Prec 9			
Candidate Full Name (if applicable)	Committee Name			
Town Meeting Prec 9	Teresa A. Bova			
Office Sought and District	Name of Committee Treasurer			
31 Sheridan St., Billerica, MA 01821	31 Sheridan St., Billerica, MA 01821			
Residential Address B-mail: tonyvbrtc@aol.com	Committee Mailing Address			
	E-mail: tonyvbrtc@aol.com			
Phone #: 617-504-4683	Phone #: 617-5044683			
SUMMARY BALANC	CE INFORMATION:			
Line 1: Ending Balance from previous report	0.00			
Line 2: Total receipts this period (page 3, line 12)	0.00			
Line 3: Subtotal (line 1 plus line 2)	0.00			
Line 4: Total expenditures this period (page 5, line 15	3.50			
Line 5: Ending Balance (line 3 minus line 4)	-112.57 P			
Line 6: Total in-kind contributions this period (page 6	, line 18) 0.00			
Line 7: Total (all) outstanding liabilities (page 7, line	19) 0.00			
Line 8: Total out-of-pocket expenses this period (page	8, line 22) 112.57			
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 finance activity, including all 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 committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Creasurer's signature Date: 03242024				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b				
Candidate with Committee	te best of my knowledge and belief, a true and complete statement of all campaign finance			
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the apidiority or on behalf of the				
Signed under the penalties of perjury:	(Candidate's signature) Date: 3/204/2014			

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 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.

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

Data D	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Line 10: Total Recei	pts over \$50 (or listed above)	0.00	* If you have itemized receipts of \$50 and
Line 11: Total Recei	pts \$50 and under (not listed above)	0.00	under, include them in line 10. Line 11 should include only those receipts not
			itemized above.
DIRE 12: TOTAL R	ECEIPTS 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	
1/14/24	Fiverr	Fiverr.com	logo	Amount 6.52
2/11/24	signsonthecheap.com	11525-B Stonehollow Dr.#220 Austin TX 78758	Lawn Signs	106.05

SCHEDULE B: EXPENDITURES (continued)

**	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		T () () () () () () () () () (
				1.
* If you have and under inc	itemized expenditures of \$50 lude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	112.57
should includ	e only those expenditures not			
į	itemized above.	Line 14: Expenditures \$50 and t	under (not listed above)	0
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	112.57

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 received of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	
			Description of Contribution	on Value
		AND THE RESERVE OF TH		
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		The state of the s	William I was a same a sam	
* If you have it	emized in-kind contributions of	Line 16: In Vivi Communication		L
\$ጋሀ and under, i	nclude them in line 16. Line 17 le only those expenditures not	Line 16: In-Kind Contributions ove		0
mond mond	e omy mose expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	0
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONTI		
	. 0		THE VERIOD	0

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
				This is a second of the second
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0

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	Duymos CT
1/14/24	Fiverr.com	β.52	Purpose of Expenditure
2/11/24	Signsonthecheap.com 11525-B	106.05	Lawn Signs
	Stonehollow Dr.#220, Austin, TX 78758		Lawn Oighs
ine 20: Total Itemize	d Out-Of Peaker Fr		
ne 21: Total Unitern	d Out-Of-Pocket Expenditures Over \$50	112.57	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
raot (not instell above	e) OF-POCKET EXPENDITURES IN THE PERIOD	112.57	should include only those expenditures not itemized above.
	*Schedule E is not for b	<u>L</u>	Enter on page 1, line 8