Commonwealth of Massachusetts

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: Jan 1, 2025 Ending Date: March 28, 2025

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, Billerica
Office Sought and District
31 Sheridan St., Billerica, MA 01821
Residential Address
E-mail: aventresca.billerica.pct9@gmail.com
Phone #: 6175044683

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: aventresca.billerica.pct9@gmail.com
Phone #: 6175044683

SUMMARY BALANCE INFORMATION:

Line 1:	Ending Balance from previous report	-1227.58
Line 2:	Total receipts this period (page 3, line 12)	2478.20
Line 3:	Subtotal (line 1 plus line 2)	1250.62
Line 4:	Total expenditures this period (page 5, line 15)	1609.04
Line 5:	Ending Balance (line 3 minus line 4)	-355.42
Line 6:	Total in-kind contributions this period (page 6, line 18)	365.75
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)	0.00
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: _____ (Treasurer's signature) Date: 3/30/2025

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 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: 3/30/2025

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 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. 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	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
1/26/2025	Vera Carducci 2 Shift Ter., E.Boston, MA 02128	250.00	Manager; NFI of MA
2/21/2025	Fairlee Carrier 241 Lexington St. APT 21-B4 Woburn, MA '01801	$200.00	Owner; Republican Political Consulting, LLC
1/13/2025	Lisa-Marie Cashman 8 Brown St. Ipswich, MA 01938	$50.00	
2/9/2025	Jaclyn Corriveau 11 Linden Rd Peabody, MA 01960	$50.00	
1/8/2025	Luanna Devenis 7 Blodgett Rd Lexington, MA 02420	$50.00	
1/24/2025	Alex Haggerty 156 Plymouth St. Abington, MA 02351	$30.00	
1/24/2025	Angela Hauser 37 Oak St N. Billerica. MA 01862	$50.00	
1/16/2025	Steve Herrick 25 Lois Ln Billerica, MA 01821	$50.00	
1/24/2025	Laureen Knowles 3 Radcliff Rd. Billerica, MA 01821	$50.00	
2/24/2025	Mary Leach and Randy Meuse 7 William Rd. Billerica, MA 01821	$50.00	
1/24/2025	Bernadette and Jim Lyons 12 Highvale Ln Andover, MA 01810	$100.00	
2/25/2025	Mass. Republican Assembly P.O. Box 550004 Waltham, MA 02455	$250.00	

Enter receipt totals on Page 3

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
1/11/2025	James McMahon III 14 Canal View Rd Buzzards Bay, MA 02532	$100	
1/24/2025	Monica Mederios-Solano 3 Bay State Rd Melrose, MA 02176	$50	
2/10/2025	Michael Messineo 4 September Lane Burlington, MA 01803	$50	
1/24/2025	Nicholas Miceli 22 Wheeler Lane Natick, MA 01760	$40.00	
1/24/2025	John Paul Moran 25Winsor Rd Billerica, MA 01821	$100.00	
1/24/2025	Jack Morris 224 Allen Rd Billerica, MA 01821	$100.00	
1/24/2025	John and Kristina Noonan 55 Salem Rd Billerica, MA 01821	$50.00	
1/15/2025	Richard Reid 15 Burkeside Ave Brockton, MA 02301	$150.00	
1/24/2025	Blake and Susan Robertson 383 Treble Cove Rd. Billerica, MA	$170.00	
3/26/2025	Chris Ryan 425 State St. Amherst, MA 01002	$104.10	
3/10/2025	Adam Senesi 13 Townline Rd Burlington, MA 01803	$50.00	
1/16/2025	Cheryl Straus 25 Winsor Rd Billerica, MA 01821	50.00	
	(continued)		

Line 10: Total Receipts over $50 (or listed above)		** If you have itemized receipts of $50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*
Line 11: Total Receipts $50 and under (not listed above)		
Line 12: TOTAL RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
1/24/2025	Cheryl Straus 25 Winsor Rd Billerica, MA 01821	$20.00	
2/20/2025	Cheryl Straus 25 Winsor Rd. Billerica, MA 01821	$70.00	
1/24/2025	Todd and Regina Taylor 45 Nichols St. Chelsea, MA 02150	$104.10	
1/15/2025	Dorothy L. Ventresca 10 Francesca Way Billerica, MA 01821	$50.00	
3/12/25	Dorothy L. Ventresca 10 Francesca Way Billerica, MA 01821	$35.00	
1/24/2025	Jeff and Irene Yule 427 Park St. N. Reading, MA 01864	$50.00	

Line 10: Total Receipts over $50 (or listed above)	$2478.20	** If you have itemized receipts of $50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*
Line 11: Total Receipts $50 and under (not listed above)	$0.00	
Line 12: TOTAL RECEIPTS IN THE PERIOD	$2478.20 ←	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
1/23/2025	Amazon	410 Terry Ave Seatte, WA 98109	basket supplies	$19.97
3/28/2025	Anedot	1340 Poydras St. STE 1770 New Orleans, LA 70112	Fees	$6.10
1/24/205	Augusta Markets	599 Boston Rd. Billerica, MA 01821	Food	$93.09
1/24/2025	Augusta Markets	599 Boston Rd. Billerica, MA 01821	(2)Gift cards for baskets	$50.00
2/6/2025	Citizens Bank	685 Greenville Ave Johnston, RI 02919	Fees	$20.00
1/3/2025	Dollar Tree	231 Main St. Wilmington, MA 01887	basket supplies	$5.31
2/14/2025	Sergey Greenglaz	sergey@greenlaz.eu	web site, hosting, banner, logo	$152.50
2/15/2025	Sergey Greemglaz	sergey@greenlaz.eu	web site, hosting, banner, logo	$54.25
2/12/2025	Got Print.Com	Burbank Airport Center 7651 N.San Fernando Rd.	Door hangers	$286.22
2/6/2025	Cheryl Straus	25 Winsor Rd Billerica, MA 01821	Return Check	$50.00
3/28/2025	WinRed	1776 Wilson Blvd STE 530 Arlington, VA 22209	Fees	$8.20

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

** If you have itemized expenditures of $50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Line 13: Expenditures over $50 (or listed above)	$1609.04
Line 14: Expenditures $50 and under (not listed above)	$0.00
Line 15: TOTAL EXPENDITURES IN THE PERIOD	$1609.04

Enter on page 1, line 4 →

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 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 include the candidate or committee name and a-page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
1/24/2025	Teresa Bova	31 Sheridan St. Billerica, MA 01821	Baskets	$50.00
1/24/2025	Angela Hauser	37 Oak St N. Billerica, MA 01862	Baskets	$30.00
1/24/2025	Rose Hauser	37 Oak St. N. Billerica, MA 01862	Food	$30.00
1/24/2025	Laureen Knowles	3Radcliff Rd Billerica, MA 01821	basket	$44.75
1/24/25	John Paul Moran	25 Winsor Rd. Billerica, MA 01821	Food, Drinks, and supplies	$148
1/24/2025	Cheryl Straus	25 Winsor Rd. Billerica, MA 01821	Food	$53.00

** If you have itemized in-kind contributions of $50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Line 16: In-Kind Contributions over $50 (or listed above)	$355.75
Line 17: In-Kind Contributions $50 and under (not listed above)	$10.00
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	$365.75

Enter on page 1, line 6 →

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

Enter on page 1, line 7 → **Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)** $0.00

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	Purpose of Expenditure

Line 20: Total Itemized Out-Of-Pocket Expenditures Over $50 (or listed above)	$0.00
Line 21: Total Unitemized Out-Of-Pocket Expenditures $50 and under (not listed above)	$0.00
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD	$0.00 ← Enter on page 1, line 8

** If you have out-of-pocket expenses of $50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.*

*Schedule E is not for ballot question committee use.