

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: Apr	ril 6th, 2024 Ending Date: May 6th, 2024
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	
att day preceding preminiary and day preceding election	☑ 30 day after election ☐ year-end report ☐ dissolution
Christopher James Tribou	Committee to Elect Christopher Tribou
Candidate Full Name (if applicable) Planning Board Committee Member - Billerica	Committee Name Tyler Tribou
Office Sought and District	Name of Committee Treasurer
13 Bridle Road, Billerica, MA 01821	13 Bridle Road, Billerica, MA 01821
Residential Address E-mail: ctdelivers185@gmail.com	Committee Mailing Address E-mail: tdtribou@gmail.com
Phone #: 978-987-9790	Phone #: 978-987-9018
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$385.70
Line 2: Total receipts this period (page 3, line 12)	\$0.00
Line 3: Subtotal (line 1 plus line 2)	\$385.70
Line 4: Total expenditures this period (page 5, line 15	
Line 5: Ending Balance (line 3 minus line 4)	\$360.70
Line 6: Total in-kind contributions this period (page 6	
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:	₩ <u>₩</u>
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the besactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	oox only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the	ne best of my knowledge and belief, a true and complete statement of all campaign finan
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 authority or on behalf of the	ne best of my knowledge and belief, a true and complete statement of all campaign ts, in-kind contributions and liabilities for this reporting period and represents the

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SCHEDULE A: RECEIPTS

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 rr. 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 3 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 ords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. ach 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 Address		name and a page number on each additional page. Occupation & Employer
Date Received	(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)
(P_0)			
Line 10: Total Rece	eipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Rece	eipts \$50 and under (not listed above)		should include only those receipts not itemized above.
Line 12: TOTAL 1	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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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	
April 30th, 2024	TD Bank	751 Main Street, Waltham, MA 02451	Maintenance Fee for Campaign Bank Account	\$25.00	

 $(x_1, x_2, \dots, x_n) = (x_1, x_2, \dots, x_n) + (x_1, x_2, \dots, x_n)$

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Purpose of Expenditure	Amount	
		Address		
* If you have	e itemized expenditures of \$50	Line 13: Expenditures over \$50	(or listed above)	J ₁
and under, in should includ	clude them in line 13. Line 14 de only those expenditures not itemized above.	Line 14: Expenditures \$50 and		- Francisco
		Line 15: TOTAL EXPENDIT		\$25.00

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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 dition, 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 d 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 cords 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	From Whom Received*	Residential Address	Description of Contribution	Value
April 6th, 2024	Billerica Democratic Town Committee	PO Box 274, 460 Boston Road Billerica, MA, 01821	Phone calls advocating for Chris Tribou	\$125.00
	e itemized in-kind contributions of s, include them in line 16. Line 17	Line 16: In-Kind Contributions over	er \$50 (or listed above)	
	lude only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	\$125.00

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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.

To Whom Due	Address	Purpose	Amount
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	To Whom Due	To Whom Due Address Address	To Whom Due Address Purpose Address Purpose Address Purpose Address Purpose Address Purpose

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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 Itemize (or listed above)	ed Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
	nized Out-Of-Pocket Expenditures \$50 and e)		should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8

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