

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

Commonwealth of Massachusetts	RE	CELVE Lile with: Ci	ity or Town Clerk (or Election Commission
Fill in Reporting Period dates: Beginning Date:	January 1/73	2025 Ending Date: 1	March 28, 2	2025
Type of Report: (Check one) Sth day preceding preliminary 图 8th day preceding election	7/30 m ☐ 30 day a	GARAME	-end report	dissolution
Christopher Sennott Candidate Full Name (if applicable) Select Board Billerica, MA Office Sought and District 14 Stonehedge Cir Billerica, MA 01821 Residential Address E-mail: sennottforselectman@gmail.com Phone # (optional):	Gabri		nittee Treasurer Billerica, ailing Address	
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period Line 7: Total (all) outstanding liabilities (page 3)	t ne 11) 5, line 14) od (page 6)	RMATION: #/400.56 #/400.56 #200.37 #1,200.\ #0		
Line 8: Name of bank(s) used: 504;	Benli			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to t activity, including all contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or or behalf of this commissioned under the penalties of perjury:	n-king contributions	and happithes for mis reporting b	periou and represer	Il campaign finance ats the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check Candidate with Committee I certify that I have examined this report including attached schedules and it is activity, of all persons acting under the authority or on behalf of this committe incurred any liabilities nor made any expenditures on my behalf during this recandidate without Committee Candidate without Committee Certify that I have examined this report including attached schedules and it is finance activity, including contributions, loans, receipts, expenditures disburs campaign finance activity of all persons acting under the authority of on balance.	is, to the best of my kee in accordance with eporting period that a	re not otherwise disclosed in this	complete statement reporting period an nts of M.G.L. c. 55	t of all campaign

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SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
2/27/25	Andra Cox Billerica Ma	\$100	
2/27/25	Anne Accelulto Molling HM DL.	1350	Retret .
3/26/20	Bos Greenvoore 1555 Showsheer Reulsbuy	\$90	
2þ6þ5	Dan Mynaut By Cyma Ns. Bylonce	#30	
2/5/25	Oonne Shysen 70 Pine Tree On Mether	AICO	
3/6/25	ark adminini East Brigaseter Mc	Hrw	
3/17/2	Ohnolya Simel 14 Showlese Corch Dillun	F/60	
3/1/25	Sch Diego Celare	#50	
246/25	Isild. Fagoso & Mrs. Allra	4100	
2/26/25	Cisa Parlitill Mentgoing Peras	300	Retrec
2/27/25	Tence Meldo Medder Ma	950	•
2/27/25	Margre Copes 3 Kome For Bylvia	#100	
2/36/25	Mark Straver 70 Ruste	4700	
Line 9: Total Rec	eipts over \$50 (or listed above)	\$1,370	
Line 10: Total Re	ceipts \$50 and under* (not listed above)	#30.56	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1,406,56	← Enter on page 1, line 2
* If you have itemiz	red receipts of \$50 and under, include them in li	ne 9. Line 10 shou	ld include only those receipts not itemized above.

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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.)

Date Paid	To Whom Paid ate Paid (alphabetical listing)		ress	Purpose of Expenditure	Amount	
3/3/25	Amezon		, , , ⁴ ;	Lour states	409.70	
3/6/25	Anson		\$	CAIN JONE	139.72	
3/28/29	Go Darry			Cordit curl Transaction Face	414093	
And the state of t			4			
			**.%			
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			4 3 44			
			¥2		*/ 14/2	
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	[]		spenditures ove	r \$50 (or listed above)		
	Į	Line 13: Total Ex	penditures \$50	and under* (not listed above)		
	Enter on page 1, line $4 \rightarrow 1$	Line 14: TOTAL	EXPENDITU	RES IN THE PERIOD	12 m	

above. Page 4