

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts  RECEIVED	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Ja	anuary 1, 2025 Ending Date: March 28, 2025
Type of Report: (Check one)	
8th day preceding preliminary X 8th day preceding election	a 30 day after election year-end report dissolution
Daniel L. Burns  Candidate Full Name (if applicable)	CTE DAN SURVIS
Select Board Billerica	Beth BAlowin
Office Sought and District	Name of Committee Treasurer
12 Nolte Road Billerica, MA	12 NOLTE RD BILLGRICA MAGIR
Residential Address	Committee Mailing Address
B-mail: 100. BURNS 1770 SMA1. Con	The state of the s
Phone # (optional): 978 761 2394	Phone # (optional): 978-490-6873
SUMMARY BALA	NCE INFORMATION:
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Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line	11) 730
Line 3: Subtotal (line 1 plus line 2)	730
Line 4: Total expenditures this period (page 5,	line 14)
Line 5: Ending Balance (line 3 minus line 4)	730
Line 6: Total in-kind contributions this period	(page 6)
Line 7: Total (all) outstanding liabilities (page	7)
Line 8: Name of bank(s) used:	RANGE
	best of my knowledge and belief, a true and complete statement of all campaign finance tind contributions and liabilities for this reporting period and represents the campaign see in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 4/2/25
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, to	o the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on behalf of	to the best of my knowledge and belief, a true and complete statement of all campaign nents, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 4//2/25

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Occupation & Employer					
Date Received (alphabetical listing required)		Amount	(for contributions of \$200 or more)		
3/6/25	Ald Michele Chin 28 Sheridanst Billena	l L			
3/6/25	Brim & MARLES HENDOSM 31 Sprangest Billerar	# 60			
3/6/25	Roeny McKenny 31 Finenced McKener	GOI A			
3/6/25	DON McDonald 268 RANGENAY RD BILLENGA	\$ 60			
3/6/25	John Mulley 27 0x RD Bill-ner	69 14			
			·		
Line 9: Total Rece	ipts over \$50 (or listed above)	380			
Line 10: Total Reco	eipts \$50 and under* (not listed above)	350			
	RECEIPTS IN THE PERIOD	730	Enter on page 1, line 2		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	e 0. Tipe 10 shoul	Enter on page 1, line 2 d include only those receipts not itemized above.

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### 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 (alphabetical listing)	Address Purpose of Exp	on dit	<b>≜</b>
Date Laiu	(alphabetical fishing)	Address Purpose of Exp	enaiture	Amount
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		T' 10 PL 15	.	
		Line 12: Total Expenditures over \$50 (or listed above	ve)	
		Line 13: Total Expenditures \$50 and under* (not list	ed above)	
		The 15. Total Exponentiales 450 and united. (Hot fish	od above)	
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDITURES IN THE PER	OTOD COTO	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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1				
	•	Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and i	inder* (not listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
	· · · · F-O, · · ·			<u> </u>

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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		.:		
				·
· · · · · · · · · · · · · · · · · · ·		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND Co	ONTRIBUTIONS	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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