Form CPF M 102: Campaign Finance Report
Municipal Form

Commonwealth of Massachusetts

Office of Campaign and Political Finance

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BILLERICA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/24 Ending Date: 03/29/24

Type of Report: (Check one)

☑ 8th day preceding preliminary ☑ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Dina M. Favreau	Committee to Elect Dina Favreau
Candidate Full Name (if applicable)	Committee Name
Select Board - Billerica	Tenia Dutra-Acevado
Office Sought and District	Name of Committee Treasurer
41 Boston Rd. Unit 353, Billerica 01862	41 Boston Rd. Unit 353, Billerica, MA 01862
Residential Address	Committee Mailing Address
E-mail: ctedinafavreau@gmail.com	E-mail: treasurerctefavreau@gmail.com
Phone #: 978-930-6096	Phone #: 978-654-2036

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 12)	8799.00
Line 3: Subtotal (line 1 plus line 2)	8799.00
Line 4: Total expenditures this period (page 5, line 15)	8,677.64
Line 5: Ending Balance (line 3 minus line 4)	121.36
Line 6: Total in-kind contributions this period (page 6, line 18)	64.00
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	226.23
Line 9: Name of bank(s) used:	TD Bank

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: 3/29/24

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: Dina Favreau (Candidate's signature) Date: 3/29/24

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 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
3/21/24	Alison Collins 31 Devonshire Dr. Billerica, MA 01821	100.00	
2/10/24	Barbara Reidi 10 Maplewood Rd. Billerica, MA 0121	150.00	
2/10/24	Bill Greene 27 Naushon Rd. Billerica, MA 01821	100.00	
2/10/24	Catherine DeCourcey 51 Glenside Ave	100.00	
2/10/24	Danielle Kinaxis 20 COBBETT ST TEWKSBURY, MA	200.00	Receptionist - Rte. 38 Tattoo
2/10/24	Darlene Torre 47R Sheldon St. Billerica, MA 01821	127.00	
3/21/24	Dave Ditomasi 225 Allen Rd. Billerica, MA 01821	200.00	Self Employed - Green Artiscapes
3/13/24	Deborah Childs 74 Pond St. Billerica, MA 01821	100.00	
1/26/24	Dina Favreau 41 Boston Rd. #353 N. Billerica, MA 01862	825.00	
2/10/24	Emma Sardina 95 Gray St. Billerica, MA 01821	300.00	Nurse - Lawrence General Hospital
2/10/24	George Simolaris 38 Andover Rd Billerica, MA 01821	100.00	
2/10/24	Grace Tucci 5 Carson St. Billerica, MA 01821	150.00	
3/8/24	Guillermo Perez 13 Pinehurst Ave	100.00	

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)
3/21/24	James Carpenter 100 Westford St. Chelmsford, MA	100.00	
2/10/24	Janet Morris 74 Tercentennial Dr. Billerica	385.00	Infenion Technology - Business Service Center
3/21/24	Jerry McLaughlin 14 Lowell St Woburn, MA	100.00	
2/10/24	Joann Ryan 5 Purcell Dr Billerica Ma	150.00	
2/10/24	John Burrows 38 Shawsheen Rd Billerica MA	100.00	
2/10/24	John Sardina 95 Gray St Billerica MA	100.00	
3/18/24	Joseph Murray 71 Cook St Billerica	250.00	[redacted] Self employed - Contractor
2/10/24	Joseph Yancy 270 Littleton Rd #35 Chelmsford	415.00	Self Employed - Tattoo Artist
2/10/24	Kelley Sardina 95 Gray St Billerica MA	75.00	
1/26/24	Mary Jones 7 Susan Dr. Billerica MA	100.00	
1/26/24	Mary Leach 7 William Rd Billerica MA	250.00	Marketing - Lahey Clinic
2/6/24	Matt Ganem 15 Sunset Ave N. Reading MA	500.00	Owner - Aftermath Treatment Center
3/21/24	Meaghan O'Mahoney 41 Boston Rd Billerica	100.00	
Line 10: Total Receipts over $50 (or listed above)		Continued	
Line 11: Total Receipts $50 and under (not listed above)		Continued	
Line 12: TOTAL RECEIPTS IN THE PERIOD		Continued	← Enter on page 1, line 2

** If you have itemized receipts of $50 and under, include them in line 10. Line 11 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)
3/21/24	Mike Tucci 5 Carson St. Billerica, MA 01821	150.00	
3/13/24	Kathy Skerry 28 Baldwin Rd. Billerica MA 01821	100.00	Infenion Technology - Business Service Center
3/2/24	Rita McKenney 31 Pinewood Ave. Billerica MA 01821	100.00	
2/9/24	Rob Bradlee 41 Boston Rd. #414 Billerica 01862	100.00	
03/12/24	Robert Volpe 11 Virginia Rd. Tewksbury, MA 01876	1,000.00	Self employed - Machinist
2/10/24	Steve Smiglis 193 Nashua Rd. Billerica, 01821	100.00	
2/10/24	Tammy Rasimowicz 5 D'Errico St. Billerica MA 01821	100.00	Retired
2/4/24	Taryn Gillis 18 Millers Farm Rd. Billerica MA 011821	75.00	Self Employed - Tattoo Artist
1/26/24	Terri Witts 44 Nolte Rd. Billerica, MA 01821	100.00	
2/10/24	Thomas Mandile 380 Boston Rd. Billerica, MA 01821	100.00	

Line 10: Total Receipts over $50 (or listed above)	$7,102.00	** 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)	$1,697.00	
Line 12: TOTAL RECEIPTS IN THE PERIOD	$8,799.00	← 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	Amount
2/22/24	Adg Printing	306 Boston Rd. Billerica, MA 01821	Palm Card	70.00
3/4/24	Adg Printing	306 Boston Rd. Billerica, MA 01821	Post Cards	103.00
3/25/24	Boston Graphics	520 Main St Wilmington, MA 01887	Mailer	5,296.87
2/5/24	Cannastas	6289 W. Park Ave Houma, LA 70364	Kickoff Event	64.98
2/12/24	Courtyard Marriott	270 Concord Rd. Billerica, MA 01821	Kickoff Event	669.17
2/9/24	Dollar Tree	480 Boston Rd. Billerica, MA 01821	Fundraiser Supplies	58.44
1/29/24	Thriftco Printing	56 Pulaski St. Peabody, Ma 01960	Signs - deposit	900.00
2/15/24	Thriftco Printing	56 Pulaski St. Peabody, Ma 01960	Signs - PIF	1,113.44
3/13/24	USPS	95 Boston Rd. N. Billerica, MA 01862	Postage	267.65

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.*

Enter on page 1, line 4 →

Line 13: Expenditures over $50 (or listed above)	8543.55
Line 14: Expenditures $50 and under (not listed above)	134.09
Line 15: TOTAL EXPENDITURES IN THE PERIOD	8677.64

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
3/2/24	Marlies Henderson	31 Sprague St. Billerica	Refreshments for Meet and Greet	64.00

** 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.*

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over $50 (or listed above)	64.00
Line 17: In-Kind Contributions $50 and under (not listed above)	0
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	64.00

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)**

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
1/9/24	GoDaddy 2155 E. GoDaddy Way, Tempe, AZ 85284	88.87	Loan - Website Registration
1/9/24	GoDaddy 2155 E. GoDaddy Way, Tempe, AZ 85284	127.37	Loan - Website Registration

Line 20: Total Itemized Out-Of-Pocket Expenditures Over $50 (or listed above)	216.24	** 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.*
Line 21: Total Unitemized Out-Of-Pocket Expenditures $50 and under (not listed above)	9.99	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD	226.23	← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.