

# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance CEIVED

of Massachusetts	2025 JAN 24 A 11: 29 File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	2024 Ending Pate: 12   30   2024
Type of Report: (Check one)	1711s to Callion
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	☐ 30 day after election        year-end report   ☐ dissolution
Candidate Full Name (if applicable)  Office Sought and District  38 Shawsheen Rd  Biller Resignated Address of 8 8 1  E-mail: Rurrows 44 @ hatmail. Car  Phone #:	Committee Name  Robin Burrows  Name of Committee Treasurer  38 Shawsheen Rd Billenica Marcommittee Mailing Address  E-mail: Cobin party a Cam cast next
SUMMARY BALANCI	EINFORMATION:
Line 1: Ending Balance from previous report	4,976.70
Line 2: Total receipts this period (page 3, line 12)	<u> </u>
Line 3: Subtotal (line 1 plus line 2)	97,474.70
Line 4: Total expenditures this period (page 5, line 15)	2,133.60
Line 5: Ending Balance (line 3 minus line 4)	5,343.10
Line 6: Total in-kind contributions this period (page 6, li	ine 18)
Line 7: Total (all) outstanding liabilities (page 7, line 19	
Line 8: Total out-of-pocket expenses this period (page 8,	line 22)
Line 9: Name of bank(s) used: Enturor	isrBank
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best o activity, including all contributions, loans, receipts, expenditures, distinsements, in-kind co finance activity of all persons acting under the authority or on behalf of this committee in activity and the penalties of perjury:	entributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1/7/25
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee  Certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in accommuted any liabilities nor made any expenditures on my behalf during this reporting p	ordance 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 the b finance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penaltics of perjury:	(Candidate's signature) Date:
	M102 (12/2023)

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#### 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)
1118/24	Carpenters Local 339	500.	PAC
1/18/24	Floor Coverers Local 2168		PAC
1/24/24	UBC+JA-local 336	\$ 500	PAC
1/24/24	Carpenters Local 328	\$500	PAC
3/18/24	IBEN Local 103	<sup>4</sup> 500	PAC

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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)
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	ipts over \$50 (or listed above)	2,500.	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not
	ipts \$50 and under (not listed above) RECEIPTS IN THE PERIOD	2,500.W	itemized above.  ← 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
3/14/24	US. Post office	880 Boston Rd	Stamps	168,00
6/17/24	Office Depot		Printer Ink	137.80
9/24/24	Epscn		Printer	132.80
8/24/24	Diane Hurley		Sponser Charity Golf Turn. Black Belkon Dax	800,00
Waley	Billerice Youth Field Hockey		Donetica	500.00
10/21/24	Billerica Giris Settleri		Devetran	3500,00

# SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		La contraction of the contractio		
* If you have	e itemized expenditures of \$50	Line 12: Errore diturns 050	(ou listed above)	7 177
and under, in	clude them in line 13. Line 14	Line 13: Expenditures over \$50	(or usied above)	2,133.
should inclu	de only those expenditures not itemized above.	Line 14: Expenditures \$50 and u	under (not listed above)	
		Line 15: TOTAL EXPENDIT	HRES IN THE PEDIOD	\$ 2,133.0
	Enter on page 1, line 4 →	LING 13. TOTAL EXPENDIT	ORES IN THE PERIOD	~ (d, 13 3.C)

# 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	
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* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)			
	nde only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50			
Enter on page 1, line 6 →		Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD			

#### 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  Date Paid (alphabetical listing required)		Purpose of Expenditure			
-						
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)  Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not			
under (not listed abov	e)		itemized above.			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			← Enter on page 1, line 8			

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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.

Date Incurred	To Whom Due	Address	Purpose	Amount
				PAROPHIA ANGUNE PAROPHIA PAROPHIA MANAGAMA MANAG
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	OING LIABILITIES (ALL)	

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