

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	RECEIVIE City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 01	-01-24 Ending Date: 12/31/2024
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	TOVIII CLERK ☐ 30 day after electrical RIC year-end report ☐ dissolution
Marion Corine DePierro	Marion DePierro for School Committee
Candidate Full Name (if applicable) Billerica School Committee	Committee Name Robert M. DePierro
Office Sought and District 28 Tercentennial Drive, Billerica, MA	Name of Committee Treasurer 28 Tercentennial Drive, Billerica, MA
Residential Address E-mail: depierrom@gmail.com	Committee Mailing Address E-mail: mdepier@verizon.net
Phone #:	Phone # :
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	196.47
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	196.47
Line 4: Total expenditures this period (page 5, line 15	5) [120.00]
Line 5: Ending Balance (line 3 minus line 4)	76.47
Line 6: Total in-kind contributions this period (page 6	6, line 18) 0
Line 7: Total (all) outstanding liabilities (page 7, line	
Line 9: Name of bank(s) used: T.D. Bank	8, line 22) 0
Line 9: Name of bank(s) used: [1.D. Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, 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: Ale M. Defice.	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	(Treasurer's signature)
Candidate with Committee 1 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 finance except 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	10 Film (Candidate's signature) Date: 123 25

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.

	Name and Residential Address		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)
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Line 10: Total Recei	pts over \$50 (or listed above)	0	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Recei	pts \$50 and under (not listed above)	0	should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD	0	← 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.

B 4 B 11	To Whom Paid	Addisse	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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* If you have	* If you have itemized expenditures of \$50			
and under, inc	* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		U	
should include	e only those expenditures not			120.00
i	itemized above. Line 14: Expenditures \$50 and under (not listed above) [120.00]		120.00	
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDITU	JRES IN THE PERIOD	120.00

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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	itemized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions over	er \$50 (or listed above)	0
	ide only those expenditures not	Line 17: In-Kind Contributions \$50	0 and under (not listed above)	0
•	itemized above.	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	

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
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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
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Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		* If you have out-of-pocket expenses of \$50	
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		0	and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	0	← Enter on page 1, line 8