



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan.21, 2026 Ending Date: April 3, 2026

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Cameron Shea  
Candidate Full Name (if applicable)  
Planning Board  
Office Sought and District  
14 Port Sunlight Road  
Residential Address  
E-mail: Cameronsheacir20@gmail.com  
Phone #: 714-405-4246

Committee to Elect Cameron Shea for Planning Bd  
Committee Name  
Todd Landry  
Name of Committee Treasurer  
6 Ridgewood Road, Chelmsford, MA 01863  
Committee Mailing Address  
E-mail: Cameronsheacir20@gmail.com  
Phone #: 978-815-0524

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ .00
Line 2: Total receipts this period (page 3, line 12)	\$ 1,146.57
Line 3: Subtotal (line 1 plus line 2)	\$ 1,146.57
Line 4: Total expenditures this period (page 5, line 15)	0
Line 5: Ending Balance (line 3 minus line 4)	\$ 1,146.57
Line 6: Total in-kind contributions this period (page 6, line 18)	\$ 1,640 -
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0
Line 9: Name of bank(s) used:	<u>Rockland Trust</u>

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**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: Todd Landry (Treasurer's signature) Date: 3/30/26

**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: \_\_\_\_\_ (Candidate's signature) Date: \_\_\_\_\_

## 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)
3/23/26	Best Buy 290 S. Broadway Salem, NH 03079	\$951.91	
2/28/26	Dollar Tree 490 Boston Rd. Billerica MA 01821	\$42.23	
2/28/26	Market Basket 700 Boston Rd. Billerica MA 01821	\$95.56	
2/28/26	Staples 265 Chelmsford St Chelmsford MA 01824	\$56.80	

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)		\$99.03	* 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)		\$1,047.59	
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$1,146.57</b>	





## 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
2/28/26	Andrew Croteau <del>11 Hayes St.</del> Methuen MA 01844	11 Hayes St. Methuen MA 01844	Fund raise ✓ Check	\$ 25.00
3/2/26	Bomil 2019 Trust	100 Catherine St. Dracut, MA 01826	Check	\$ 100.00
2/27/26	Dan Rourke	15 Bridget Ln. Lowell, MA 01854	Check	\$ 100.00
2/28/26	Kevin Coughlin	3 Pine Ridge Rd. Westford, MA 01886	Check	\$ 100.00
2/28/26	Kim Scott	27 Commonwealth Ave. Lowell, MA 01852	Check	\$ 100.00
2/28/26	Mary Buczak	40 Emerald Ct. Tewksbury, MA 01876	Check	\$ 25.00
2/28/26	M Dibeneditto	320 Burlington Ave. Wilmington, MA 01897	Check	\$ 50.00
2/25/26	Carpenters Local #339	350 Fordham Rd. Wilmington, MA 01897	Pac. Fund	\$ 500.00
2/6/26	Pile Drivers Local 56	750 Dorchester Ave Dorchester, MA 02125	Pac. Fund	\$ 300.00
2/28/26	Sokhary Chay	70 Morningside Dr. Lowell, MA 01852	Check	\$ 50.00
3/13/26	Tom Geary	150 Columbus Ave Waltham, MA 02451	Check	\$ 50.00
2/19/26	Todd Londry	6 Ridge Wood Rd. N. Chelmsford, MA 01863	CASH	\$ 40.00
* 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.			Line 16: In-Kind Contributions over \$50 (or listed above)	
			Line 17: In-Kind Contributions \$50 and under (not listed above)	
Enter on page 1, line 6 →			Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	\$ 1,640.00

2/20/26 Ziven Drake

10 Rockway St.  
Matta Pan, MA 02126-2118 Check \$ 200 Page 6



