



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

DUE DATE: MAY 1, 2017

File with: City or Town Clerk or Election C

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MAY 1 PM 3:03  
TOWN CLERK  
BILLERICA

Fill in Reporting Period dates: Beginning Date: MARCH 15, 2017 Ending Date: APRIL 21, 2017

### Type of Report: (Check one)

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

DARLENE TORRE
Candidate Full Name (if applicable)
SCHOOL COMMITTEE
Office Sought and District
22 DEERFIELD ST BILLERICA, MA 01821
Residential Address
Telephone Number (optional):

COMMITTEE TO ELECT DARLENE TORRE
Committee Name
WILLIAM TORRE
Name of Committee Treasurer
22 DEERFIELDST BILLERIC, A MA 01
Committee Mailing Address
Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

1770.43

Line 2: Total receipts this period (page 2, line 11)

2450.00

Line 3: Subtotal (line 1 plus line 2)

4220.43

Line 4: Total expenditures this period (page 3, line 14)

2854.78

Line 5: Ending Balance (line 3 minus line 4)

1365.65

Line 6: Total in-kind contributions this period (page 4)

0

Line 7: Total (all) outstanding liabilities (page 4)

560.00

Line 8: 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: \_\_\_\_\_

### 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 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 nor incurred any liabilities nor made any expenditures on my behalf during this reporting period.

#### Candidate without Committee

*William Torre*

*5/1/17*

## 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. Comm 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/29/17	CHIANTÉ, FRANCO 1 CRESTWOOD Lane Peabody, MA.	100 <sup>-</sup>	
3/29/17	HACKMER Patricia PO BOX 1143 CONCORD, MA. 01742	100 <sup>-</sup>	
3/22/17	Healey, Doreen 111 PARLMONT PARK N. Billerica MA. 01862	200 <sup>-</sup>	BARTENDER Billerica COUNTRY Club
4/1/17	Lohves, Philip 32 BARTLETT AVE. ARLINGTON, MA. 02474	500 <sup>-</sup>	CPA FINANCIAL FRAMEWORK LLP
3/17/17	William TORRE 32 DEERFIELD ST BILLERICA, MA. 01821	1,000 <sup>-</sup>	SERVICE MANAGER Global AVIATION
Line 9: Total Receipts over \$50 (or listed above)		1900	
Line 10: Total Receipts \$50 and under* (not listed above)		550	

TOTAL

2450.<sup>00</sup>

## 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 Expenditure	Amou
3/21/17	AMAZON	Po Box 81726 Seattle, WA 98106	INK, CARDS MAILER	401. <sup>30</sup> —
4/1/17	DUNKIN DONUTS	729 BOSTON Rd Billerica	COFFEE, DONUTS SIGN HOLDERS	162. <sup>91</sup> —
4/1/17	JB SYSTEMS	Po Box 496 Moline, IL 61266	Robo CALLS	100. <sup>26</sup> —
4/1/17	JON RYAN'S	56 Chelmsford Rd Billerica, MA. 01822	VICTORY PARTY	511. <sup>91</sup> —
4/1/17	MARKET BASKET	700 BOSTON Rd Billerica, MA. 01821	VICTORY CAKE PARTY	59. <sup>98</sup> —
3/30/17	PARTY Lab	480 BOSTON Rd Suite 118 Billerica, MA. 01821	VICTORY PARTY DECORATIONS	58. <sup>88</sup> —
4/1/17	Pizza Mia	758 BOSTON Rd Billerica, MA 01821	sign Holders PIZZA, SODA	53. <sup>45</sup> —
3/24/17	STAPLES	111 Middlesex TRPKE BURLINGTON, MA. 01803	INK, Labels MAILER	292. <sup>92</sup> —
3/21/17	US POST OFFICE	612 Middlesex TRPKE Billerica, MA. 01821	STAMPS MAILER	1020. <sup>00</sup> —

Line 12: Total Expenditures over \$50 (or listed above) 2,661.<sup>66</sup>

Line 13: Total Expenditures \$50 and under\* (not listed above) 193.<sup>12</sup>

Line 14 TOTAL 2854.<sup>78</sup>

## 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 committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	V <sub>2</sub>
<p>* 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.</p> <p style="text-align: right;">Enter on page 1, line 6 →</p>				<p>Line 15: In-Kind Contributions over \$50 (or listed above) <span style="float: right;">⓪</span></p> <p>Line 16: In-Kind Contributions \$50 &amp; under (not listed above) <span style="float: right;">⓪</span></p> <p>Line 17: TOTAL IN-KIND CONTRIBUTIONS <span style="float: right;">⓪</span></p>

## 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 during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Am
2/3/17	AGE GRAPHICS	AGE.COM	SIGNS	560 <sup>-</sup>

LINE 18: TOTAL 560<sup>-</sup>