



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK
BOARD OF REGISTRARS
TEWKSBURY, MA

2024 MAY 20 PM 12: 35

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/20/24 Ending Date: 4/26/24

Type of Report: (Check one)

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

Peter Lukens Miller IV aka Luke Miller

Candidate Full Name (if applicable)

Board of Health

Office Sought and District

820 Shawsheen St, Tewksbury, MA 01876

Residential Address

E-mail: lukemilleriv@gmail.com

Phone #: 978-726-0069

Committee to Elect Luke Miller

Committee Name

Mary-Ann O. Nichols

Name of Committee Treasurer

100 Florence Ave, Tewksbury, MA 01876

Committee Mailing Address

E-mail: maonichols@comcast.net

Phone #: 978-657-5098

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 12)	925.00
Line 3: Subtotal (line 1 plus line 2)	925.00
Line 4: Total expenditures this period (page 5, line 15)	920.30
Line 5: Ending Balance (line 3 minus line 4)	4.70
Line 6: Total in-kind contributions this period (page 6, line 18)	53.00
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0.00
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	45.86
Line 9: Name of bank(s) used:	<u>Tewksbury Federal Credit Union</u>

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: Mary-Ann O. Nichols (Treasurer's signature)

Date: 5/6/2024

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: P. Lukens Miller IV (Candidate's signature)

Date: 5/6/24

SCHEDULE A: RECEIPTS

1.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)
3/23/24	Peter Miller 100 Keyes Rd, Apt 210 Concord, MA 01742	300.00	Principal Systems Engineer Raytheon
3/26/24	Donna Gill 12 Ellington Rd Tewksbury, MA 01876	50.00	Retired
3/30/24	Jayne Wellman 820 Shawsheen St Tewksbury, MA 01876	250.00	Director of Operations Town of Reading
3/30/24	Peter Kimpton 89 Fieldstone Dr Londonderry, NH 03053	100.00	Senior Manager of Strategic Partners Last Pass
4/5/24	Nicole Burgett-Yandow 12 Riverdale Ave Tewksbury, MA 01876	150.00	Nurse Practitioner Beth Isreal Lahey
4/13/24	Julie Naughton 11 So. Oliver St Tewksbury, MA 01876	50.00	

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
4/8/24	Connolly Printing 17B Gill St. Woburn, MA 01801	45.86	Dear Friend Cards
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<i>* 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.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		45.86	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		45.86	

← Enter on page 1, line 8