



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: 2/7/25 Ending Date: 3/18/25

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

**Ryan Lloyd**  
Candidate Full Name (if applicable)  
**Select Board**  
Office Sought and District  
**159 Booth St, Billerica, MA 01862**  
Residential Address  
E-mail: **lloydryan721@gmail.com**  
Phone #: **781-547-9514**

**Committee to Elect Ryan Lloyd**  
Committee Name  
**Mary-Ann O. Nichols**  
Name of Committee Treasurer  
**159 Booth St, Billerica, MA 01862**  
Committee Mailing Address  
E-mail: **maonichols@comcast.net**  
Phone #: **978-657-5098**

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 12)	1,776.00
Line 3: Subtotal (line 1 plus line 2)	1,776.00
Line 4: Total expenditures this period (page 5, line 15)	900.48
Line 5: Ending Balance (line 3 minus line 4)	875.52
Line 6: Total in-kind contributions this period (page 6, line 18)	0
Line 7: Total (all) outstanding liabilities (page 7, line 19)	648.65
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0
Line 9: Name of bank(s) used:	<b>Tewksbury Federal Credit Union</b>

TOWN CLERK  
BOARD OF REGISTRARS  
TEWKSBURY, MA  
2025 MAR 31 PM 12:32

**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: 3/28/25

**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: [Signature] (Candidate's signature) Date: 3/28/25

## 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 over \$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)
3/3/25	Elizabeth Carey 50 Langley Ln Tewksbury, MA 01876	100.00	
3/3/25	James Duffy 6 Virginia Rd Tewksbury, MA 01876	100.00	
3/3/25	Richard Frank 11 Grasshopper Ln Tewksbury, MA 01876	200.00	Retired
2/23/25	Joseph Gill 12 Ellington Rd Tewksbury, MA 01876	100.00	
3/2/25	Gerald Gustus 7 Memorial Dr Tewksbury, MA 01876	100.00	
3/11/25	John Hadden 240 Cardigan Rd Tewksbury, MA 01876	100.00	
2/28/25	Bruce Shick 30 Lucille Dr Tewksbury, MA 01876	100.00	
3/18/25	Karen Theodoros 87 Catamount Rd Tewksbury, MA 01876	100.00	
2/23/25	Joan Unger Harmon 160 Cardigan Rd Tewksbury, MA 01876	100.00	

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