



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2025 MAY 13 AM 11:24

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/19/25 Ending Date: 4/25/25

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	875.52
Line 2: Total receipts this period (page 3, line 12)	400.00
Line 3: Subtotal (line 1 plus line 2)	1,275.52
Line 4: Total expenditures this period (page 5, line 15)	863.75
Line 5: Ending Balance (line 3 minus line 4)	411.75
Line 6: Total in-kind contributions this period (page 6, line 18)	0
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:	Tewksbury Federal Credit Union

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: 5/13/25

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: 5/13/25

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 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)
4/4/25	Chris Cantwell 28 Dewolfe St, Mailbox 518 Cambridge, MA 02138	50.00	
3/29/25	Jessica Clark 63 Birch St, Unit B Derry, NH 03038	50.00	
3/28/25	Peter McCoy 71 Emerald Ct Tewksbury, MA 01876	200.00	Retired
3/29/25	Ralph McHatton 560 Kendal Rd Tewksbury, MA 01876	100.00	Pharmacist/Beth Isreal Lahey

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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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/6/25	Ryan Lloyd	159 Booth St Billerica, MA 01862	Reimbursement for MB 5.10, Wicked Cheesy 56.68, Zodiac Signs 150.00, MB 33.54, Firewater Tavern 243.96, Sterling Printing 159.37	648.65
4/6/25	Mary-Ann O.Nichols	100 Florence Ave Tewksbury, MA 01876	Main St Sports Grille After Party on Election Night	74.50
3/24/25	US Postmaster	1751 Main St Tewksbury, MA 01876	Stamps	112.00
3/26/25	US Postmaster	1751 Main St Tewksbury, MA 01876	Stamps	28.60

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