



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: 09-02-23 Ending Date: 10/20/2023

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

Michelle Kelley  
Candidate Full Name (if applicable)  
Revere City Councilor-at-Large  
Office Sought and District  
99 Derby Road, Revere, MA 02151  
Residential Address  
E-mail: Shellkelley@comcast.net  
Phone # (optional): 781-854-1717

Michelle Kelley Committee to Elect  
Committee Name  
Kelli Resendes  
Name of Committee Treasurer  
99 Derby Avenue, Revere, MA 02151  
Committee Mailing Address  
E-mail: Shellkelley@comcast.net  
Phone # (optional): 781-854-1717

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	14,256.85
Line 2: Total receipts this period (page 3, line 11)	1,411.86
Line 3: Subtotal (line 1 plus line 2)	15,668.71
Line 4: Total expenditures this period (page 5, line 14)	10,293.45
Line 5: Ending Balance (line 3 minus line 4)	5,375.09
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Eagle 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: [Signature] (Treasurer's signature) Date: 10/26/23

**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: Michelle Kelley donlap verified 10/26/23 10:09 AM EDT W20G-GDX8J0ND-AGLZ (Candidate's signature) Date: 10/26/2023

## 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. Committees 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)
Sep 13, 2023	Boston Plasterers & Cement Masons 7 Frederika Street, Boston, MA	250	Boston Plasterers & Cement Masons
09/22/2023	IBEW Local Union 2222 PAc 80530 159 Thomas Burgin Parkway Floor 3 Quincy, MA 02169	200	IBEW Local Union 2222 PAc 80530
9/22/2023	MA & No. New England Laborers' District Council 7 Laborers Way, Hopkinton, MA	500	MA & No. New England Laborers' District
10/03/2023	Marie Bossi 202 Park Avenue, Revere, Ma 02151	86.86	\$100 Donation through Raise the Money. Raise the Money fee \$13.14
10/12/2023	Lillian DeFilippo 40 Newhall Street Revere, MA 02151	50	Employer :Woodlawn Memorial Everett Occupation: Administrator
10/12/2023	Christine Roberson 87 Charger St Revere, MA	25	
10/21/2023	Armando M. Citro 106 Frankline Street Revere, MA 02151	50	Retired
10/21/2023	John Gennaco 98 East Mountain Avenue, Revere, MA	100	Retired
10/21/2023	Bonnie Curren & Richard Curren 20 Barrett Street, Revere, MA	150	Retired
Line 9: Total Receipts over \$50 (or listed above)		1,386.86	
Line 10: Total Receipts \$50 and under* (not listed above)		25	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1,411.86</b>	← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under\* (not listed above)  0

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## 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	Amount
9/13/2023	Indepenent Newspaper Group, LLC	P.O. Box 380 385 Broadway Revere, MA 02151	Advertisement	432
9/14/2023	Tara Vociao	Photographer	Thursday 9/14 Jack Satter House	60
09/14/2023	Joey Canzano	Entertainment	Thursday 9/14 Jack Satter House	300
10/2/2023	Indepenent Newspaper Group, LLC	P.O. Box 380 385 Broadway Revere, MA 02151	Advertisement	1,749
10/3/2023	Four Points Sheration	407 Squire Road, Revere, MA 02151	Hall rental for meet and greet Saturday October 21	396.8
10/3/2023	Joseph Mottolo	61 Lucia Avenue, Revere, MA	Hall Rental for meet and greet November 4th	200
10/3/2023	The Advocate	573 Broadway # A Everett, MA 02149	Banners for newspaper ad to run ad October 13th to November 3rd.	600
10/10/2023	The Advocate	573 Broadway # A Everett, MA 02149	Banners for newspaper ad to run ad October 13th to November 3rd.	600
10/12/2023	Connolly Printing	17B Gill Street, Woburn, MA 01801	Mailing of 1000 Palm Cards	4,400.17
10/17/2023	The Greg Hill Foundation	The Good Dinner 361 Broadway, Revere, MA 02151	Fundraiser for the Good Dinner's Flood.	100
10/23/2023	Michelle Kelly	99 Derby Street Revere	Reimbursements see form CPF R1	665.59
09/5/2023	Michelle Kelly	99 Derby Street Revere	Reimbursements see form CPF R1 dated 10/4	790.06
Line 12: Total Expenditures over \$50 (or listed above)				10,293.45
Line 13: Total Expenditures \$50 and under* (not listed above)				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>10,293.45</b>

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	
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Line 13: Expenditures \$50 and under* (not listed above)	0
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Enter on page 1, line 4 →

<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	
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\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (or listed above)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				0

\* 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. Page 6

### 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 incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):  Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/04/2023	Staples	444 Broadway (Route 1) Saugus, MA 01906	200 Copies of Letter/invitations to meet & greets for 10/21 & 11/4	\$150.30
10/03/2023	Staples	444 Broadway (Route 1) Saugus, MA 01906	Envelopes for letter/inviation for Meet & Greet Event 10/21 and 11/4	\$41.43
10/7/2023	USPS	300 Broadway LBBY Revere, MA 02151	Postage for letter/inviation for Meet & Greet Event 10/21 and 11/4	\$132.00
10/07/2023	Rever, MA	Veterans of Wars Parkway Suite C Revere, MA 02151	Get Air, gift card a raffle prize for Whelan School 5th Grade on 10/17	\$50.00
10/13/2023	Marker Basket	275 Squire Road Revere, MA 02515	MB Gift Cards/Raffles for October Senior Center Event	\$88.47

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text" value="542.22"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input type="text" value="123.37"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input type="text" value="665.59"/>

Signed under the penalties of perjury:

*Michelle Kelley*  
Signature of Candidate / Treasurer

digital verified  
10/26/23 10:14 AM EDT  
Z8OT-MYH1-1L9R-6AD0

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



**ITEMIZE EXPENDITURES IN EXCESS OF \$50**

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/13/2023	Bj's	5 Ward Street Revere, MA 02511	Napkins, Granola Bars for Volunteers for stand out on 10/14	\$65.30
10/21/2023	Donuts for Meet & Greet	Four Points by Sheraton Boston 407 Squire Rd, Revere, MA 02151	Donuts for Meet & Greet on 10/21	\$47.96
10/10/2023	Bj's	5 Ward Street Revere, MA 02511	Candy for Senior Center Party on	\$33.98
10/18/2023	Bj's	5 Ward Street Revere, MA 02511	Paper plates, Candy for bags for Meet and Greet for events on 10/21 and 11/4	\$56.15
Page 2 Total (add to Line 1 on Page 1):				