

Form CPF M 102: Campaign Finance Report COMMISSIONERS **Municipal Form**

Office of Campaign and Political Finance 2024 JAN 17 AM 19: 43

Of Iviaspachusets	File with: City or Town Clerk or Election Commission		
Fill in Reporting Period dates: Beginning Date: 01	-01-23 Ending Date: 01/20/2024		
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election		
Michelle Kelley Candidate Full Name (if applicable)	Michelle Kelley Committee to Elect Committee Name		
Revere City Councilor-at-Large	Keili Resendes		
Office Sought and District	Name of Committee Treasurer		
99 Derby Road, Revere, MA 02151	99 Derby Avenue, Revere, MA 02151		
Residential Address	Committee Mailing Address		
E-mail: Shellkelley@comcast.net	E-mail: Shellkelley@comcast.net		
Phone # (optional): 781-854-1717	Phone # (optional): 781-854-1717		
SUMMARY BALAN	NCE INFORMATION:		
Line 1: Ending Balance from previous report	5,375.09		
Line 2: Total receipts this period (page 3, line	11) 1,300		
Line 3: Subtotal (line I plus line 2)			
Line 4: Total expenditures this period (page 5,	line 14) 5,941.64		
Line 5: Ending Balance (line 3 minus line 4)	733.45		
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			
activity, including all contributions, loans, receipts, expenditures, disbusements, in a finance activity of all persons acting under the authority or on behalf of this committee. Signed under the penalties of perjury:	(Treasurer's signature) Date: /- //- 2024		
FOR CANDIDATE FILINGS ONLY: Affidave of Candidate: (check	I box only)		
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	o the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting 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 finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on behalf of			
Michelle Kelley	dolloop verified 01/11/24 555 PM EST NRVD-0WGP-1400-05992 (Candidate's signature)		

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.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
Date Accepted	(aipiiabetteat listing requireu)	Amount	(for contributions of \$200 or more)	
10/31/2023	Debra Anemoduris 500 Revere Beach BLVD, Apt 301 Devere MA 07151	100	Occupation:Administrator Employer: City of Revere	
10/31/2023	Alan Pastyrnak, Jr 35 Central Street Somerville, MA 02143	150	Occupation:Sales Employer: Boston Sand & Gravel	
10/31/2023	Olavo Demacedo Maureen Demacedo 8 Parks Street Kingston, MA 02364	500		
10/31/2023	Joseph Gallager 191 K Street, Unit 5 South Boston, MA 02127	250	Occupation: Vice President Employer : Boston Sand & Gravel	
10/31/2023	William Barrett S Edgewood Road Situate, MA 02066	100	Occupation: Batchman Employer : Southeast Concrete Waymouth	
11/15/2023	Rose L Pellegrino 109 Steeple Street, Apt 1 Revere, MA	200	Occupation: Medical Coder Employer : Beverly Hospital	
	:			
AAAAA				
Line 9: Total Receipts over \$50 (or listed above)				
ine 10: Total Receipts \$50 and under* (not listed above) 1,30		1,300		
line 11: TOTAL R	ECEIPTS IN THE PERIOD	1,300	← 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)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
	:			
	ì			
	:	:		
	•			
	i			
	:			
ine 9: Total Receipt	s over \$50 (or listed above)			
ine 10: Total Receip	ts \$50 and under* (not listed above)	٥		
ine 11: TOTAL RE	CEIPTS IN THE PERIOD		← Enter on page 1, line 2	
			d include only those receipts not itemized above.	

^{*} 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.)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
10/31/2023	Independent Newspaper Group	P.O Box 380 385 Broadway Revere, MA 0215	Full ad for week before the election	61:
11/13/2023	The Advocated Newspapers, Inc	P.O. Box 490407 Everett,MA 02149	Full page ad on November 3	52
11/11/2023	Michelle Kelley	99 Derby Street Revere, MA	Partial Loan Re-Payment	4,788
11/30/2023	Eagle Bank	350 Broadway Everett, MA	Bank Services fee	8.64
12/19/2023	Eagle Bank	350 Broadway Everett, MA	Bank Services fee	8
				4.0
		Line 12: Total Expenditures ove	r \$50 (or listed above)	5,941.64
	ļ	Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	5,941.64

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid Date Paid (alphabetical listing) Address Purpose of Expenditure American				
· Date I alu	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	-			
2				
	,			
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
			,	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	٥
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
f you have itemize			rould include only those expenditures	

^{*} 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
				· ·
	· :			
			1	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	O
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	C

^{*} 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)				