

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: 12/	/1/19 Ending Date: 12/31/19
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
Michael Kelliher	Mike Kelliher for School Committee
Candidate Full Name (if applicable)	Committee Name
School Committee	Elinor Kelliher 27
Office Sought and District	Name of Committee Treasure [T]
108 Wedgewood Dr. Ludlow Ma 01056	108 Wedgewood Dr. Ludlow Ma. 01056
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
	2 <u>p 110</u>
SUMMARY BALAN	ICE INFORMATION:
Line 1: Ending Balance from previous report	2.59
Line 2: Total receipts this period (page 3, line 1)	1) C
Line 3: Subtotal (line 1 plus line 2)	2.59
Line 4: Total expenditures this period (page 5, li	ine 14) d
Line 5: Ending Balance (line 3 minus line 4)	2,59
Line 6: Total in-kind contributions this period (p	page 6) C
Line 7: Total (all) outstanding liabilities (page 7)	7) 1811.21
Line 8: Name of bank(s) used: Berkshire Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-king finance activity of all persons acting under the authority of on behalf of this committee in ElinorKelliher Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 is a certified or contribution).	in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 1/14/2020
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period.
Candidate without Committee OR Candidate with independent activity filing: 1 certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the months of the penalties of periods. Michael Kelliher	the best of my knowledge and belief, a true and complete statement of all campaign ants, in-kind contributions and liabilities for this reporting period and represents the this committee in accordance with the requirements of M.G.L. c. 55
Signed under the penalties of peringer	*Candidate's signature) 1386; 11/14/2020

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.)

report all receipts. Please include your committee name and a page number on each page.)					
Date Received	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)		
Date Received_	(alphabetical listing required)	Amount	(tor contributions of \$200 of more)		
İ					
		il I	_		
			TOW/ 1020		
<u></u>					
			N CCC		
			유		
		lt t	DLOW		
		li i	N 9 9		
					
il i]				
		!			
		II			
]]			
			<u> </u>		
<u> </u>		<u> </u>			
		<u> </u>			
					
	<u> </u>				
Line 9: Total Rece	ipts over \$50 (or listed above)				
Line 10: Total Rece	eipts \$50 and under* (not listed above)				
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD	d	← Enter on page 1, line 2		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			TOWN TO
			TOWN OF LUDLOW
			Q 28
Line 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)	<u></u>	
	ECEIPTS IN THE PERIOD	q	← Enter on page 1, line 2
F If you have itemized		0 I in a 10 ale and	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

eport 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
Date Palu	(aiphabeticai iisting)	Address	T II pose of Expenditure	Zimouni
]	1			1
	· · · · · · · · · · · · · · · · · · ·			
		i i		
	i			
				1
			TOWN	1
l				1
			TOWN TOWN	<u> </u>
			OF LUDLOW	<u></u>
-				₹
1				†n
			2 29	
			1. 28	1
			🔅	
1				
	i			
•]]		İ
		L		
		<u> </u>		
				
			[]	
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
			· · · · · · · · · · · · · · · · · · ·	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1
If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized				

^{*} 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)

and the same of th	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
9				
-			10	
			7020 J	
			RECEIVED WHOLERK'S OFFIC TOWN OF LUDLOW	
			육 5 - 및 四	
			ED OFFICE • 28 DLOW	
			× *2 10g	
			28 28	
				-
			*	=
		Line 12: Expenditures over \$50	(or listed above)	
		Line 12: Evnenditures \$50 1	andout (not listed -1)	
		Line 13: Expenditures \$50 and to	inder" (not fisted above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not item				

^{*} 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
			70% 2020 To	
			NAN 15	
			VED SOFFICE A & 28 DLOW	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	→ Line 17: TOTAL IN-KIND CONTRIBUTIONS		

^{*} 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
3/4/2010	Michael Keiliher	108 Wedgewood Dr. Ludlow Ma	Loan to camaign	\$1360.70
4/11/19	Michael Kelliher	108 Wedgewood Dr. Ludlow Ma.	Loan to Campalgn	\$450.51
			10 X	
			JAN 15	
			A & DIDLOW	
			8	