



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:	01/01/2025
Name of Individual Being Reimbursed: Michelle Kelley		
Committee Name: Michelle Kelley Committee to Elect		
CPF ID Number (if applicable):		Telephone Number (optional): (781) 854-1717

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/18/2025	Gotprint	online	Door Hangers	\$223.40
5/24/2025	Gotprint	Online	Door Hangers	\$428.63
8/22/2025	Bj's Got Print	BJ's Got Print/on line	8/3 Bj's for Cookies \$56.97 8/3 Bj's for Cookies \$37.98 8/13 Got Print for 3 banners \$147.34	\$341.63

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	993.66
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	993.66

Signed under the penalties of perjury:

 dotloop verified 10/22/25 10:34 AM EDT UANQ-VSQK-AAVZ-QYUO	 dotloop verified 10/22/25 10:54 AM EDT SHYP-SCCM-V5H3-5A8I
Signature of Candidate / Treasurer	

Date:

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

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