



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BURY OF MELROSE
REGISTRARS OF VOTERS
2024 JAN 19 AM 11:38

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2023 Ending Date: December 31, 2023

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☒ dissolution

Michael L. Lyle

Candidate Full Name (if applicable)

Councilor at Large

Office Sought and District

5 Angela Circle

Residential Address

E-mail: michael.lyle221@gmail.com

Phone # (optional): _____

Committee to elect Michael L.Lyle

Committee Name

Kelley Sikora

Name of Committee Treasurer

63 Slayton Road

Committee Mailing Address

E-mail: kelley267@comcast.net

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.0
Line 2: Total receipts this period (page 3, line 11)	3,218.35
Line 3: Subtotal (line 1 plus line 2)	3,218.35
Line 4: Total expenditures this period (page 5, line 14)	3,218.35
Line 5: Ending Balance (line 3 minus line 4)	0.0
Line 6: Total in-kind contributions this period (page 6)	1,437.48
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Eastern 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: Kelley Sikora (Treasurer's signature)

Date: 12/17/2023

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: Michael L. Lyle (Candidate's signature)

Date: 12/17/2023

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)
9/14/2023	Kathleen Rontondi 67 Orchard Lane Melrose, MA 02176	1,000.00	RETIRED
10/10/2023	Eileen Kelly 16 Willow Street Unit 308 Melrose, MA 02176	100.00	
10/10/2023	Ronald Maseillo 300 Lynshore Drive Lynn, MA 01902	500.00	Crystal Motors Owner
10/13/2023	Ned Yetten 21 Abbot Street Andover, MA 01810	100.00	
10/16/2023	William Ahern 88 Ellis Farm Lane Melrose, MA 02176	242.45	Retired Note: online stripe fee \$7.55 Donation original amount \$250.00
10/16/2023	Kerri Kourkoulis 28 Cargill Street Melrose, MA 02176	48.25	Note online strip fee \$1.75 Donation original amount \$50.00
10/19/2023	Jerrell Riggins 12 Peacevale Road Dorchester, MA 02124	50.00	
10/20/2023	Jeff Carbone 26 Cabot Street Winchester, MA	485.20	Insurance Self-employed Note: Online stripe fee \$14.80 Donation original amount \$500.00
10/23/2023	Charles Masiello 15 Partridge Lane Wakefield, MA 01906	242.45	Crystal Motors Owner Note: Online stripe fee \$7.55 Donation original amount \$250.00
10/23/2023	Wildie & Robert Ceccherini 167 Laurel Street Melrose, MA 02176	100.00	
10/24/2023	Earl Solano 3 Baystate Road Melrose, MA 02176	150.00	
10/24/2023	Peter & Lisa Mortimer 47 Mount Hood Terrace Melrose, MA 02176	100.00	
Line 9: Total Receipts over \$50 (or listed above)		3,020.10	
Line 10: Total Receipts \$50 and under* (not listed above)		98.25	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3,118.35	← 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
9/6/2023	Connolly Printing	17 B Gill Street Woburn MA 01801	Campaign signs/Posters paid by Cash	2,200.44
9/7/2023	Melrose/Weekly Newspaper	Albion Street Wakefield, MA 01880	Ad 1/2 Page 9/8/2023 paid by personal check BOA #2009	325.00
10/14/2023	Dunkin Donuts	350 Main Street Melrose, MA 02176 Store #300839 Q35- Melrose	Coffee for sign holders Mastercard Jetblue M Lyle cleared 10/15	34.95
10/17/2023	John Guilfoill Public Relations	PO BOX 22 Georgetown MA 01833	Website set-up Paid check Eastern Bank CTE Michael Lyle	1,030.00
10/27/2023	Connolly Printing	17 B Gill Street Woburn MA 01801	Campaign Palm/Cards paid by personal check BOA #2007	415.15
11/3/2023	Melrose/Weekly Newspaper	Albion Street Wakefield, MA 01880	Ad 1/2 Page November 3, 2023 paid by personal check BOA #2009	650.00
Line 12: Total Expenditures over \$50 (or listed above)				4,620.59
Line 13: Total Expenditures \$50 and under* (not listed above)				34.95
Line 14: TOTAL EXPENDITURES IN THE PERIOD				4,655.54

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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/9/2023	Brian McNelis 80 Upham Street Melrose, MA 02176	100.00	
Line 9: Total Receipts over \$50 (or listed above)		100.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		100.00	← 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 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
9/6/2023	Michael & Eileen Lyle	5 Angela Circle Melrose, MA 02176	Connolly Printing Invoice 2,200.44 - 2,188.35 reimbursement to M Lyle 12/20/2022	12.09
9/7/2023	Michael & Eileen Lyle	5 Angela Circle Melrose, MA 02176	Ad to elect Michael Lyle 9/8/2023 newspaper 1/4 page Melrose weekly paid BOA 2009	325.00
10/14/2023	Michael & Eileen Lyle	5 Angela Circle Melrose, MA 02176	Coffee for sign holders DD store Melrose #300839 Paid Jet blue master card	34.95
10/27/2023	Michael & Eileen Lyle	5 Angela Circle Melrose, MA 02176	Campaign Palm/Cards paid by personal check BOA #2007	415.44
11/03/2023	Michael & Eileen Lyle	5 Angela Circle Melrose, MA 02176	Ad 1/2 Page November 3, 2023 paid by personal check BOA #2009	650.00
Line 15: In-Kind Contributions over \$50 (or listed above)				1,402.53
Line 16: In-Kind Contributions \$50 & under (not listed above)				34.95
Line 17: TOTAL IN-KIND CONTRIBUTIONS				1,437.48

* 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.



Commonwealth
of Massachusetts

Form CPF M 18E-D: Notice of Dissolution
Segregated Fund Account
Office of Campaign and Political Finance

File with: City/Town Clerk or
Local Election Official

Name of Fund: Committee to Elect Michael Lyle

Candidate or Committee on whose behalf the fund was created

Name: Michael L. Lyle

Person Filing Report

Name: Michael L. Lyle **Title:** Candidate **Phone #:** 781-665-6882

I hereby notify my City/Town Clerk or Local Election Official that the above segregated fund account has been closed.
I certify that:

- The purpose(s) for which the fund was organized has/have been accomplished;
- All of the donations received by the fund were reported in accordance with M.G.L. c. 55, s. 18E(b);
- The fund has no money and no debts; and
- Any remaining money in the fund's account was disposed of in a manner consistent with the residual funds clause of M.G.L. c. 55, s. 18.

SIGNED UNDER THE PENALTIES OF PERJURY

Authorized Signature (Check One):

☒ Candidate

☐ Candidate Committee Chair

☐ Candidate Committee Treasurer

Michael L. Lyle
(Signature)

Date: 1/15/2024

Name (Please Print): Michael L. Lyle

Title: Candidate



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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:		12/31/2023
Name of Individual Being Reimbursed:	Michael L. Lyle	
Committee Name:	Committee to elect Michael L. Lyle	
CPF ID Number (if applicable):		Telephone Number (optional): 7816656882

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/6/2023	Connolly Printing	17 B Gill Street Woburn MA 01801	Campaign Signs/Posters	2,200.44

(Include items listed on Page 2) →

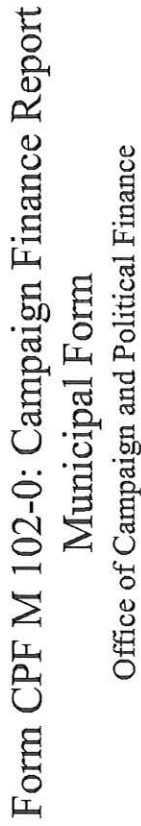
Line 1: Expenditures in excess of \$50 (itemized above):	2,200.44
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	2,188.35

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 12/31/2023

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



Please print or type all information, except signatures.

(MM/DD/YYYY)

☒ 20th day of January (Year-End report)

2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]