



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: 01/20/2024 Ending Date: 01/20/2025

Type of Report: (Check one)

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

Patricia Valley

Candidate Full Name (if applicable)

Methuen City Council, West District

Office Sought and District

21 Winstead Ave, Methuen MA 01844

Residential Address

E-mail: pvalleymethuencitycouncil@gmail.com

Phone #: (978) 273-8122

Committee to Elect Patricia Valley

Committee Name

Kennia Mejia

Name of Committee Treasurer

190 Carleton St, Methuen MA 01843

Committee Mailing Address

E-mail: kennia-mejia@hotmail.com

Phone #: (978) 380-7273

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$1,163.49

Line 2: Total receipts this period (page 3, line 12)

Line 3: Subtotal (line 1 plus line 2)

Line 4: Total expenditures this period (page 5, line 15)

\$510.00

Line 5: Ending Balance (line 3 minus line 4)

\$653.49

Line 6: Total in-kind contributions this period (page 6, line 18)

Line 7: Total (all) outstanding liabilities (page 7, line 19)

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

Line 9: Name of bank(s) used:

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: Kennia Mejia (Treasurer's signature)

Date: 01/20/2025

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: Patricia Valley (Candidate's signature)

Date: 01/20/2025

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

[illegible]

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)			<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD			

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/16/24	Pavel Payano	596 Haverhill St, Lawrence MA 01841	Donation	\$100.00
2/14/24	Kevin Corniel	6 Royal St, Lawrence MA 01841	Donation	\$60.00
5/29/24	Methuen Arlington Neighborhood, Inc	141 Tenney St, Methuen MA 01844	Donation	\$250.00
10/23/24	Friends of DJ Beauregard	10 Fenwick Cir, Methuen, MA 01844	Donation	\$100.00

SCHEDULE B: EXPENDITURES (continued)[illegible]

include the candidate or committee name and a page number on each additional page.

[illegible]

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →		Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)		

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			

← Enter on page 1, line 8

