RECEIVED
JAN 27 2026
Town Clerk
Hingham, MA

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: 05/24/2025 Ending Date: 12/31/2025

Type of Report: (Check one)

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

Crystal Kelly Candidate Full Name (if applicable)	Committee to Elect Crystal Kelly Committee Name
Hingham Planning Board Office Sought and District	John Deeley Name of Committee Treasurer
7 Independence Lane Hingham, MA 02043 Residential Address	14 Weathervane Ct. Hingham, MA 02043 Committee Mailing Address
E-mail: cghuff@outlook.com	E-mail: jmdeeley@gmail.com
Phone #: 857-321-2000	Phone #: 703-627-4321

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	517.41
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	517.41
Line 4: Total expenditures this period (page 5, line 15)	205.67
Line 5: Ending Balance (line 3 minus line 4)	311.74
Line 6: Total in-kind contributions this period (page 6, line 18)	0
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0
Line 9: Name of bank(s) used:	Rockland Trust

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: John Deeley (Treasurer's signature) Date: 1-20-26

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: C. Kelly (Candidate's signature) Date: 1/20/26

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 E. *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
08/18/25	Crystal Kelly	7 Indepenance Lane Hingham, MA 02043	Loan Repayment	56.41
10/15/25	Ironwood Restaurant	274 South St. Hingham, MA 02043	Campaign event/constituent meeting	72.46
11/07/25	Drybar Hingham	92 Derby St Hingham, MA02043	Candidate prep for hosting a political event	76.80
				205.67

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

** If you have itemized expenditures of $50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Line 13: Expenditures over $50 (or listed above)	
Line 14: Expenditures $50 and under (not listed above)	
Line 15: TOTAL EXPENDITURES IN THE PERIOD	205.67

Enter on page 1, line 4 →

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, 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 19: TOTAL OUTSTANDING LIABILITIES (ALL)** 0

Commonwealth of Massachusetts

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Municipal Form

Office of Campaign and Political Finance

RECEIVED
JUN 10 2025
Town Clerk
Hingham, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 04-16-2025 Ending Date: 05-23-25

Type of Report: (Check one)

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

Crystal Kelly
Candidate Full Name (if applicable)

Hingham Planning Board
Office Sought and District

7 Independence Lane Hingham, MA 02043
Residential Address

E-mail: cghuff@outlook.com

Phone #: 857-321-2000

Committee to Elect Crystal Kelly
Committee Name

John Deeley
Name of Committee Treasurer

14 Weathervane Ct. Hingham, MA 02043
Committee Mailing Address

E-mail: jmdeeley@gmail.com

Phone # : 703-627-4321

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	150.00
Line 2: Total receipts this period (page 3, line 12)	3006.41
Line 3: Subtotal (line 1 plus line 2)	3156.41
Line 4: Total expenditures this period (page 5, line 15)	2639.00
Line 5: Ending Balance (line 3 minus line 4)	517.41
Line 6: Total in-kind contributions this period (page 6, line 18)	
Line 7: Total (all) outstanding liabilities (page 7, line 19)	56.41
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0
Line 9: Name of bank(s) used:	Rockland Trust 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: John M Deeley (Treasurer's signature) Date: 6-10-25

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: Crystal Kelly (Candidate's signature) Date: _____

Commonwealth of Massachusetts

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Fill in Reporting Period dates: Beginning Date: 04-16-2025 Ending Date: 05-23-25

Type of Report: (Check one)

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Crystal Kelly
Candidate Full Name (if applicable)

Hingham Planning Board
Office Sought and District

7 Independence Lane Hingham, MA 02043
Residential Address

E-mail: cghuff@outlook.com

Phone #: 857-321-2000

Committee to Elect Crystal Kelly
Committee Name

John Deeley
Name of Committee Treasurer

14 Weathervane Ct. Hingham, MA 02043
Committee Mailing Address

E-mail: jmdeeley@gmail.com

Phone # : 703-627-4321

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	150.00
Line 2: Total receipts this period (page 3, line 12)	3006.41
Line 3: Subtotal (line 1 plus line 2)	3156.41
Line 4: Total expenditures this period (page 5, line 15)	2639.00
Line 5: Ending Balance (line 3 minus line 4)	517.41
Line 6: Total in-kind contributions this period (page 6, line 18)	
Line 7: Total (all) outstanding liabilities (page 7, line 19)	56.41
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0
Line 9: Name of bank(s) used:	Rockland Trust 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: _____ (Treasurer's signature) Date: _____

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: _____ (Candidate's signature) Date: _____

SCHEDULE A: RECEIPTS

G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over $50 in the aggregate in a calendar ır. In addition, the occupation and employer must be reported for each contributor who contributes $200 or more in a calendar year. Receipts from a contributor) and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.
ach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
Apr 22,2025	John Deeley 14 Weathervane Ct Hingham, MA 02043	$100	
April 26, 2025	Gary Farner 7720 Grande Shores Dr. Sarasota, Fl 34240	$250	Medical Doctor Retired
April 25, 2025	Michael Herde 1 Steamboat Lane Hingham, MA 02043	$500	Senior Managing Director FTI Consulting
Apr 18, 2025	Crystal Kelly (loan) 7 Independence Ln	1256.41	Attorney
April 20, 2025	David O'Brien 374 Candle Rd. Westport, MA 02790	$75	
May 14, 2025	Plumbers Union # 12 1240 Mass Ave Dorchester, MA 02125	$500	PAC
April 18, 2025	Walsh, Teresa 520 High St. Apt 29D Medford, MA 02156	$100	
May 6, 2025	Ellen Whalen 156 Prospect St Hingham, MA 02043	$100	

Enter receipt totals on Page 3

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)	2881.41	** If you have itemized receipts of $50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*
Line 11: Total Receipts $50 and under (not listed above)	125	
Line 12: TOTAL RECEIPTS IN THE PERIOD	3006.41	← 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 E. *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
Apr.18, 2025	East Coast Print	5 Keith Way Hingham, MA 02043	Lawn signs	1256.41
Apr. 21, 2025	Home Depot	1149 Hingham St. Rockland, MA	Sign Supplies	56.71
May 12,2025	Kelly, Crystal	7 Independence Ln Hingham, MA 02043	Loan Reimbursement	1200
April 30,2025	Peel Pizza	73 South St Hingham, MA 02043	Feed sign holders	60.73

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

** If you have itemized expenditures of $50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Line 13: Expenditures over $50 (or listed above)	2573,85
Line 14: Expenditures $50 and under (not listed above)	65.15
Line 15: TOTAL EXPENDITURES IN THE PERIOD	2639.00

Enter on page 1, line 4 →

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over $50 in the aggregate in a calendar year. In dition, the occupation and employer must be reported for each contributor who contributes $200 or more in a calendar year. Receipts from a contributor of $50 d less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and :ords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions :eived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please :lude the candidate or committee name and a-page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

** If you have itemized in-kind contributions of $50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Line 16: In-Kind Contributions over $50 (or listed above)	
Line 17: In-Kind Contributions $50 and under (not listed above)	
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	0

Enter on page 1, line 6 →

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
April 18	Crystal Kelly	7 Independence Lane Hingham, MA 02043	Lawn Signs	56.41

Enter on page 1, line 7 → **Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)** 56.41

Commonwealth of Massachusetts

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Office of Campaign and Political Finance

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JUN 10 2025
Town Clerk
Hingham, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan. 1, 2025 Ending Date: April 15, 2025

Type of Report: (Check one)

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

Crystal Kelly
Candidate Full Name (if applicable)

Hingham Planning Board
Office Sought and District

7 Independence Lane Hingham, MA02043
Residential Address

E-mail: cghuff@outlook.com

Phone #: 857-321-2000

Committee to Elect Crystal Kelly
Committee Name

John Deeley
Name of Committee Treasurer

14 Weathervane Ct.Hingham, MA02043
Committee Mailing Address

E-mail: jmdeeley@gmail.com

Phone # : 703-627-4321

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 12)	150.00
Line 3: Subtotal (line 1 plus line 2)	150.00
Line 4: Total expenditures this period (page 5, line 15)	0
Line 5: Ending Balance (line 3 minus line 4)	150.00
Line 6: Total in-kind contributions this period (page 6, line 18)	0
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0
Line 9: Name of bank(s) used:	Rockland Trust

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: John M. Deeley (Treasurer's signature) Date: 6-10-25

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: _____ (Candidate's signature) Date: _____

SCHEDULE A: RECEIPTS

G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over $50 in the aggregate in a calendar ır. In addition, the occupation and employer must be reported for each contributor who contributes $200 or more in a calendar year. Receipts from a contributor) and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.
ach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
04-07-2025	Diane Denapole 14 Gardner St. Hingham, MA02043	50.00	
03-30-2025	Clayton Handleman 1083 Main St Hingham, MA02043	100.0	

Enter receipt totals on Page 3

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)	150.00	** If you have itemized receipts of $50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*
Line 11: Total Receipts $50 and under (not listed above)		
Line 12: TOTAL RECEIPTS IN THE PERIOD	150.00	← Enter on page 1, line 2