



Form CPF M 102: Campaign Finance Report

City of Springfield, MA.

Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

JAN 12 2026

File with: City or Town Clerk or Election Commission

Fill in Reporting Period Dates: **Board of Elections** Beginning Date: 3/25 Ending Date: 1/13/26

Type of Report: (Check one)

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

Peter Murphy
Candidate Full Name (if applicable)

School Committee (District 4)
Office Sought and District

856 Arway St.
Residential Address

E-mail: pmurphy.law@celizor.net

Phone #: 413-262-8752

CTE Peter Murphy
Committee Name

Liam Murphy
Name of Committee Treasurer

856 Arway St.
Committee Mailing Address

E-mail: _____

Phone #: _____

SUMMARY BALANCE INFORMATION:

| | |
|--|--------------------------------------|
| Line 1: Ending Balance from previous report | <u>0.00</u> |
| Line 2: Total receipts this period (page 3, line 12) | <u>7250.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>7250.00</u> |
| Line 4: Total expenditures this period (page 5, line 15) | <u>6956.00</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>294.00</u> |
| Line 6: Total in-kind contributions this period (page 6, line 18) | <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 7, line 19) | <u>0</u> |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | _____ |
| Line 9: Name of bank(s) used: | <u>Polish National Credit Union.</u> |

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: [Signature] (Treasurer's signature) Date: 1/3/26

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: [Signature] (Candidate's signature) Date: 1/3/26

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 year. 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 \$50 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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach 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) |
|---------------|---|---------|---|
| 8/29/25 | Ben O'Connor 69A Ray Ave Northampton. | 25.00 | |
| 8/20/25 | Edward Murphy 79 Wilsadale St. Revere. | 1000.00 | Retired. |
| 8/20/25 | Ann - Ellen Hamidge 79 Wilsadale St. Revere. | 1000.00 | Retired |
| 9/16/25 | Mary Ellen O'Brien 109 Steady St. SPTD. | 100.00 | |
| 9/16/25 | Ray Anderson 33 Molloy St. SPTD. | 100.00 | |
| 9/15/25 | Peter Blawie, 23 Rivers Lane Little NY | 100.00 | |
| 9/1/25 | Jeffy Jose Fischer Rd. Chicago | 1000.00 | Real Estate Dev. |
| 8/24/25 | Mary Warwick 40 Aurora St. SPTD. | 500.00 | Retired. |
| 8/24/25 | Mike Quinn Wilbraham MA | 35.00 | Plumber. |
| 9/12/25 | Charles Kingston SPTD MA | 500.00 | Retired. |
| 8/29/25 | Patrick Gavery 15 Sedgwick St. SPTD. | 100.00 | Teacher. |
| 8/20/25 | Ann Murphy West Roxbury MA | 100.00 | Retired. |
| 8/23/25 | Kevin Murphy 4 Judith Ave, W. 16. | 50.00 | Lawyer. |

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---|---|--------|--|
| 8/12/25 | Martin Couley 91 Julian St, Spfld. | 50.00 | |
| 8/22/25 | Mildred Figueron 355 Newbury St Spfld. | 50.00 | |
| 8/23/25 | Thom Ashe 116 Chesterfield St | 50.00 | |
| 8/22/25 | Tom Actuati 106 Stevens St, Ludlow | 75.00 | |
| 8/22/25 | Don Hagen 33 Mulvey St Spfld | 50.00 | |
| 8/23/25 | Ashley Nyamari 147 Green Ave / Longmeadow | 100.00 | |
| 8/23/25 | Edgardo Figueroa 355 Newbury St Spfld. | 100.00 | |
| 8/23/25 | John Garry East Longmeadow - | 100.00 | |
| 8/22/25 | Bill Baker 235 Atwater Rd. Spfld | 100.00 | |
| 8/20/25 | William Farlow 355 Springfield St | 100.00 | |
| 8/22/25 | James Lyden 40 Seneca Pl. EL | 100.00 | |
| 8/22/25 | James Gallivan 94 Phelps St East Longm. | 100.00 | |
| 8/22/25 | Sean Curran, 470 Laurel St, Spfld. | 150.00 | |
| Line 10: Total Receipts over \$50 (or listed above) | | | * 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 | | | |

← Enter on page 1, line 2

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 year. 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 \$50 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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach 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) |
|---------------|---|--------|---|
| 8/22/25 | James Jeffeman 101 Walnut St SPTA | 25.00 | |
| 8/20/25 | Anne Shields. Chicopee MA, | 100.00 | |
| 8/22/25 | Adam Loughi 64 Hartwick St SPTA | 100.00 | |
| 8/22/25 | Sean Collins 42 Van Han St. SPTA | 100.00 | |
| 8/22/25 | Grant Bejtek 894 Mapleton Ave. SPTA | 25.00 | |
| 8/22/25 | Daniel Shea 90 Myrtle St. West. SPTA | 25.00 | |
| 8/22/25 | Jeffrey Palky Chatham St Longmeadow | 75.00 | |
| 8/22/25 | Brenda Riley Chicopee MA | 25.00 | |
| 8/27/25 | May Long 196 Key St. SPTA | 25.00 | |
| 8/22/25 | Jonathan Labanta 11 Aurora St. Chic. | 25.00 | |
| 8/27/25 | John Cannon East Longmeadow MA | 300.00 | Att'y. |
| 8/25/25 | William Donnelly 191 Maynard Agassiz | 40.00 | |
| | | | |

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---|---|---------|--|
| 8/22/25 | Maura Zolten 36 James St. Sudd. | 50.00 | |
| 9/7/25 | Michael Murphy Rochester VT. | 500.00 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Line 10: Total Receipts over \$50 (or listed above) | | 7250.00 | * 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 | | 7250.00 | |

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 |
|--|---|--------|--|
| | 0 | | |
| | N/A | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 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 | | 0 | |

← Enter on page 1, line 8