



Commonwealth of Massachusetts

Municipal Form
Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commiss

Fill in Reporting Period dates: Beginning Date: JANUARY 1 2021 Ending Date: OCTOBER 15 2021

Type of Report: (Check one)

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

ELLISHA WALKER
Candidate Full Name (if applicable)
TOWN COUNCILOR AT LARGE
Office Sought and District
35 AUTUMN LANE AMHERST MA 01002
Residential Address
E-mail: ellishawalke93@gmail.com
Phone # (optional):

COMMITTEE TO ELECT ELLISHA WALKER
Committee Name
MONICA CAGE
Name of Committee Treasurer
35 AUTUMN LANE AMHERST MA 01002
Committee Mailing Address
E-mail: cagemonica1@gmail.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Table with 2 columns: Line description and Amount. Line 1: Ending Balance from previous report (0). Line 2: Total receipts this period (page 3, line 11) (\$4030.00). Line 3: Subtotal (line 1 plus line 2) (\$4030.00). Line 4: Total expenditures this period (page 5, line 14) (\$1490.81). Line 5: Ending Balance (line 3 minus line 4) (\$2539.19). Line 6: Total in-kind contributions this period (page 6) (\$178.00). Line 7: Total (all) outstanding liabilities (page 7) (0). Line 8: Name of bank(s) used: FLORENCE SAVINGS 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: Monica Cage (Treasurer's signature) Date: 10/25/21

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: 10/25/21

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)
October 7, 2021	BRAUN STEPHEN 1180 LINCOLN AVENUE AMHERST MA 01002	\$500.00	MEDICAL WRITER PEAR THERAPEUTICS INC.
September 4, 2021	CAGE MONICA 12 LONGMEADOW DRIVE AMHERST MA 01002	\$100.00	
October 4, 2021	DE ANGELIS PATRICIA 21 WARD STREET AMHERST MA 01002	\$100.00	
September 19, 2021	DUMONT DARCY 142 PONDVIEW DRIVE AMHERST MA 01002	\$500.00	TOWN COUNCILOR- TOWN OF AMHERST
September 22, 2021	FAERBER KENT 481 STATION ROAD AMHERST MA 01002	\$100.00	
September 22, 2021	FAERBER LORENE 481 STATION ROAD AMHERST MA 01002	\$100.00	
October 7, 2021	JOHNSON TERRY S 115 TEABERRY LANE AMHERST MA 01002	\$200.00	NOT EMPLOYED
September 19, 2021	KEENE ARTHUR 25 DENNIS DRIVE AMHERST MA 01002	\$100.00	
September 18, 2021	MILLER MICHELE 375 OLD MONTAGUE ROAD AMHERST MA 01002	\$75.00	
October 10, 2021	MIXBARIN JESSICA 39 PINE STREET AMHERST MA 01002	\$100.00	
September 18, 2021	ONONIBAKU PAT 28 TAMARACK DRIVE AMHERST MA 01002	\$100.00	
October 4, 2021	PAGE JENNIFER 291 POTWINE LANE AMHERST MA 01002	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
October 7, 2021	PLATT CHRISTINA 75 CHESTNUT STREET AMHERST MA 01002	\$250.00	NOT EMPLOYED
October 14, 2021	RAMSEY PATRICIA 70 LARKSPUR DRIVE AMHERST MA 01002	\$100.00	
September 17, 2021	MILLARD KATHERINE 64 EAST STREET HADLEY MA 01035	\$100.00	
October 4, 2021	SHABAZZ DEMETRIA 29 CHAPEL ROAD AMHERST MA 01002	\$100.00	
September 22, 2021	SOPER JENNIFER 108 AUBINWOOD ROAD AMHERST MA 01002	\$100.00	
September 4, 2021	STRICKLAND WILLIAM 31 WEBSTER COURT AMHERST MA 01002	\$100.00	
September 24, 2021	THORNTON TIMOTHY 145 BRITTANY MANOR, APT D AMHERST MA 01002	\$200.00	LOT ATTENDANT-TOYOTA OF GREENFIELD
October 4, 2021	TRAPHAGEN KATHLEEN 496 SOUTH EAST STREET AMHERST MA 01002	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$3125.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$905.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$4030.00	← 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.

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 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
September 24, 2021	AMHERST COPY & DESIGN WORKS	8 RAILROAD STREET HADLEY MA 01035	PRINTING OF FLYERS	\$386.
October 15, 2021	AMHERST COPY & DESIGN WORKS	8 RAINROAD STREET HADLEY MA 01035	PRODUCTION OF LAWN SIGNS	\$1072.
Line 12: Total Expenditures over \$50 (or listed above)				\$1458.
Line 13: Total Expenditures \$50 and under* (not listed above)				\$32.
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$1490.

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.

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, 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 18: TOTAL OUTSTANDING LIABILITIES (ALL)

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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
September 20, 2012	AMARA DONOVAN	5 DONOVAN AVENUE CAMBRIDGE MA 02141	CAMPAIGN WEBSITE THROUGH WIX	\$178.00
Line 15: In-Kind Contributions over \$50 (or listed above)				\$178.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				\$178.00

Enter on page 1, line 6 →

* 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.

SCHEDULE B: EXPENDITURES (continued)

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

Line 12: Expenditures over \$50 (or listed above)	\$1458.00
Line 13: Expenditures \$50 and under* (not listed above)	\$32.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD	\$1490.00

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.