



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

Amended

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: **2015 APR -6 A 10: 28** Beginning Date: **January 1, 2012** Ending Date: **December 31, 2012**

Type of Report: (Check one) **CITY CLERK'S OFFICE** **MALDEN, MASS.**
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Peg Crowe
Candidate Full Name (if applicable)

City Councillor Ward 1
Office Sought and District

9 Hancock Street Malden, Ma 02148
Residential Address

Telephone Number (optional): **(781) 322-3353**

Committee to Elect Peg Crowe
Committee Name

Sherri Murray
Name of Committee Treasurer

9 Hancock Street Malden, Ma 02148
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	1,432.64
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	815.88
Line 5: Ending Balance (line 3 minus line 4)	616.76
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	Citizens 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: *Sherri Murray* (Treasurer's signature) Date: **December 31, 2012**

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the 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.

Candidate without Committee OR Candidate with independent activity filing separate report
 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: *Peg Crowe* (Candidate's signature) Date: **4/15/15**

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)
N/A			
Line 9: Total Receipts over \$50 (or listed above)		0	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		0	← 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
Jan-Dec	Citizens Bank		Monthly Maintenance Fee	155.88
Nov 5, 2012	Citizens Bank		Missing Item (Bank Error)	660
Line 12: Total Expenditures over \$50 (or listed above)				815.88
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				815.88

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 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
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

* 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.



1-800-862-6200

Call Citizens' PhoneBank anytime for account information, current rates and answers to your questions.

Commercial Account Statement

1 of 2

Beginning November 07, 2012 through December 06, 2012

US002 BR162

COMMITTEE TO ELECT PEG CROWE
9 HANCOCK ST
MALDEN MA 02148-7701

Commercial Checking

SUMMARY

Balance Calculation

Table with 2 columns: Description, Amount. Rows include Previous Balance (1,302.74), Checks (.00 -), Debits (672.99 -), Deposits & Credits (.00 +), Current Balance (629.75 =).

COMMITTEE TO ELECT PEG CROWE
Business Green Checking
113763-333-3

You can waive the monthly maintenance fee of \$9.99 by maintaining an average daily balance in your account of \$2,000 or making 5 qualifying transactions.

Your average daily balance used to qualify this statement period is: \$685
Your number of qualifying transactions this statement period is: 0

Previous Balance

1,302.74

TRANSACTION DETAILS

Debits

Other Debits

Table with 4 columns: Date, Amount, Description, Reference Number. Rows include 11/09 (660.00, 11-05-12 Missing Item, 001022713100352), 12/06 (9.99, Monthly Maintenance Fee), 12/06 (3.00, Service Charge (1) Statement Delivery With Check Images).

Total Debits

672.99

Current Balance

629.75

Daily Balance

Table with 6 columns: Date, Balance, Date, Balance, Date, Balance. Row: 11/09, 642.74, 12/06, 629.75.

NEWS FROM CITIZENS

--NOTICE: By federal law, as of 1/1/2013, funds in a noninterest-bearing transaction account (including an IOLTA/IOLA) will no longer receive unlimited deposit insurance coverage...

--Rethink What a Business Credit Card Can Do.

accessCARD Command (TM) is an exciting innovation in Business Credit Cards - only from Citizens Bank. accessCARD Command puts YOU in control of when, where and how employees' cards may be used.