



Form CPF M 102: Campaign Finance Report

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Municipal Form

2016 JAN 29 P 12: 01

Office of Campaign and Political Form

CITY CLERK'S OFFICE
MALDEN, MASS.

File with: City or Town Clerk or Election Committee

| | | | | |
|---------------------------------|----------------|----------|-------------|----------|
| Fill in Reporting Period Dates: | Beginning Date | 10/27/15 | Ending Date | 12/31/15 |
|---------------------------------|----------------|----------|-------------|----------|

Type of report: (Check one)

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

Barbara Murphy
Full Name of Candidate (if applicable)

Councilor - Ward 5
Office Sought and District

28 Forest St, Malden, MA 02148
Residential Address

Telephone Number (Optional)

Committee to Elect Barbara Murphy
Committee Name

Julie Greenbaum
Name of Committee Treasurer

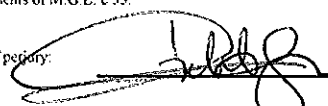
28 Forest St, Malden, MA 02148
Committee Mailing Address

Telephone Number (Optional)

| SUMMARY BALANCE INFORMATION | |
|--|----------------|
| Line 1: Ending balance from previous report | \$ 4,400.13 |
| Line 2: Total receipts this period (page 3, line 11) | \$ 1,050.00 |
| Line 3: Subtotal (line 1 plus line 2) | \$ 5,450.13 |
| Line 4: Total expenditures this period (page 5, line 14) | \$ - |
| Line 5: Ending balance (line 3 minus line 4) | \$ 5,450.13 |
| 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: | Citizen's 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 accounting period and represents the campaign finance activity of all persons under the authority or on the 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: December 31, 2015

FOR CANDIDATE FILING ONLY: (Candidate must sign below)

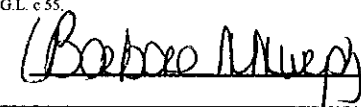
Affidavit if Candidate: (check 1 box only)

Candidate with committee and no activity independent of 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 under the authority or on the 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 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 all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this accounting period and represents the campaign finance activity of all persons under the authority or on the behalf of this committee in accordance with the requirements of M.G.L. c 55.

Signed under the penalties of perjury:  (Candidate's Signature) Date: December 31, 2015

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 the report, if additional pages are requires 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) |
|--|---|--------------------|---|
| 10/21/15 | Cram, Jacquelyn 39 Highland Ct Malden, MA 02148 | \$ 100.00 | |
| 10/21/15 | Ferry Street Realty Trust 15 Ferry St Malden, MA 02148 | \$ 200.00 | Real Estate |
| 10/21/15 | Ho, Amy 8 Weeks Rd Danvers, MA 01923 | \$ 100.00 | |
| 10/20/15 | Minichiello, Michael 14 Sunset Dr Burlington, MA 01803 | \$ 100.00 | |
| 10/27/15 | Murphy, Galvin 24 Church St, Malden, MA 02148 | \$ 200.00 | |
| 10/18/15 | Parcellin, John 123 Webster St Malden, MA 02148 | \$ 100.00 | |
| 10/21/15 | Parcellin, Patricia 140 Parker Rd Wakefield, MA 01880 | \$ 100.00 | |
| 10/20/15 | Phung, Mai 8 Weeks Rd Danvers, MA 01923 | \$ 100.00 | |
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| | | | |
| | | | |
| Line 9: Total Receipts over \$50 (or listed above) | | \$ 1,000.00 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | \$ 50.00 | |
| Line 11: TOTAL RECEIPTS THIS PERIOD | | \$ 1,050.00 | ← Enter on page 1, line 2 |

*If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should only include those receipts not itemized above.