



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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CITY CLERK'S OFFICE
MALDEN, MASS.

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Oct 24, 2021 Ending Date: Dec 31, 2021

Type of Report: (Check one)

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

Peg Crowe
Candidate Full Name (if applicable)

Ward 1 City Councillor
Office Sought and District

9 Hancock Street
Residential Address

E-mail: pegcroweforward1@yahoo.org

Phone # (optional): 781-248-4386

Committee to Elect Peg Crowe
Committee Name

Tiffany Farris Ward
Name of Committee Treasurer

9 Hancock Street Malden, Ma 02148
Committee Mailing Address

E-mail: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,099.5
Line 2: Total receipts this period (page 3, line 11)	514.35
Line 3: Subtotal (line 1 plus line 2)	1,613.85
Line 4: Total expenditures this period (page 5, line 14)	7.9
Line 5: Ending Balance (line 3 minus line 4)	1,605.95
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	1,103.38
Line 8: Name of bank(s) used: <u>People's United Bank</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:

Tiffany Farris Ward (Treasurer's signature)

Date: Jan 14, 2022

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:

M E Crowe (Candidate's signature)

Date: Jan 14, 2022

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)
Oct 26, 2021	Louis Barretto Jr. 10 Parker St. Woburn, MA 01801	250	Owner of L& L Services
Oct 31, 2021	Eddie Cormier 39 Adams Street Malden, MA 02148	200	Director of Admissions Marquis Health Care
Line 9: Total Receipts over \$50 (or listed above)		450	
Line 10: Total Receipts \$50 and under* (not listed above)		64.35	
Line 11: TOTAL RECEIPTS IN THE PERIOD		514.35	← 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.

