



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

LYNN ELECTION OFFICE

2015 JAN 20 A 10:24

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-14 Ending Date: 12-31-14

Type of Report: (Check one)
 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

Paul T. Crowley
Candidate Full Name (if applicable)

Office Sought and District

86 Holyoke St., LYNN, MA 01905
Residential Address

Telephone Number (optional): 781-598-3001

Committee to Elect Paul Crowley
Committee Name

Kathleen Malcolm
Name of Committee Treasurer

86 Holyoke St., LYNN, MA 01905
Committee Mailing Address

Telephone Number (optional): 781-598-3001

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>7,910.88</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>7,910.88</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>8,456.65</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>1,133.56</u>
Line 8: Name of bank(s) used:	<u>Century 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: Kathleen Malcolm (Treasurer's signature) Date: 1-18-15

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: Paul Crowley (Candidate's signature) Date: 1-18-15



Commonwealth
of Massachusetts

Form CPF D104:
Statement of Candidate
Not Raising or Expending Campaign Funds
Office of Campaign and Political Finance

File with: Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411, Boston, MA 02108

(617) 979-8300 / (800) 462-OCPF
ocpf@cpf.state.ma.us
http://www.ocpf.us

CHECK ONE: I do not have a political committee. **OR** I have organized a political committee on my behalf.

Candidate's Name:	<u>Paul T. Crowley</u>		
Office Sought/District:	<u>NA-</u>		
Residential Address:	<u>36 Holyoke St., LYNN, MA 01905</u>		
City / State / Zip:	_____		
E-Mail Address:	<u>pcrowley@glss.net</u>	Phone Number:	<u>781-598-3001</u>

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose. I submit the following as my campaign report for all bank reporting periods in this election cycle as provided for in Chapter 55 of the Massachusetts General Laws:

- | | |
|--|------|
| 1. Ending balance from previous report | ZERO |
| 2. Total receipts for reporting period | ZERO |
| 3. Subtotal | ZERO |
| 4. Total Expenditures for reporting period | ZERO |
| 5. Ending balance | ZERO |

If, after filing this statement, I decide to raise or expend funds for a campaign-related purpose, I will immediately designate a depository bank, open an account at the designated bank, and complete and file an Appointment of Depository Bank (D103) Form.

Until such notice is on file with the Director, I certify that the above Zero report will be in effect for each reporting period required by Chapter 55 of the Massachusetts General Laws

SIGNED UNDER THE PENALTIES OF PERJURY:

Paul T. Crowley
Candidate's signature

Date: 1-18-15