

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in R	eporting Period dates:	Beginning Date: Ap	oril 17, 2	2025	Ending D		y or Town Cle		n Commis
Type of	Report: (Check one)				3		, LU, Z		
	y preceding preliminary	8th day preceding election	□ 30 c	lay after ele	ection	year-	end report	disso	olution
Kimber	ly Crowley		7						
Marblet	Candidate Full Name (in nead Board of Health		-			Committee	Name		-
21 Roos	Office Sought and I	ead, MA 01945			Nam	e of Commit	ee Treasurer		
3-mail: kin	Residential Add	ress n			Con	nmittee Maili	ng Address		-
	81-346-5654		E-mail:						
		SUMMARY BALANC	CE INFO	ORMAT	ION:				
	Line 1: Ending Balance			0				٦	
		is period (page 3, line 12)		0					
	Line 3: Subtotal (line 1 p	•		0					
	Line 4: Total expenditure Line 5: Ending Balance	es this period (page 5, line 15))	0					
		tributions this period (page 6,	line 18)	0					
		ding liabilities (page 7, line 1		0				1 =	
	Line 8: Total out-of-pocke	et expenses this period (page 8	3, line 22)	The same of the sa	53			1 69	X
	Line 9: Name of bank(s)	used: Marblehead Ba	nk, Bar	clays Je	Blue			1	
rtify that I h vity, includi nce activity ned under t	ave examined this report including att ng all contributions, loans, receipts, e. of all persons acting under the author the penalties of perjury:	ny or on behalf of this committee in a	accordance v	with the requir	ef, a true an for this rep ements of M asurer's sign	I.G.L. c. 55.	tatement of all and represents	campaign fits the campaig	nance gn
	DIDATE FILINGS ONLY: A	ffidavit of Candidate: (check 1 box	only)						
Candidate I certify that activity, of	with Committee at I have examined this report including all persons acting under the authority y liabilities nor made any expenditure	g attached schedules and it is, to the l	best of my k	nowledge and	belief, a truents of M.G	e and complict. c. 55. I h	ete statement o	f all campaig	gn finance
Candidate I certify tha finance acti	without Committee t I have examined this report includin vity, including contributions, loans, re nance activity of all persons acting un	g attached schedules and it is, to the b	est of my k	nowledge and	belief a tru	e and comple	t.		
ed under th	e penalties of perjury: Kimb	erly Crowley	ber		lidate's sign		Date: 05/	30/2025	5
				7	-				

M102 (12/2023)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer
			(for contributions of \$200 or more)
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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
			The state of the s	
ne 10: Total Receipts over	\$50 (or listed above)			
	and under (not listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not	
ne 12: TOTAL RECEIPT	TS IN THE PERIOD	-	itemized above.	

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	A
			- ar bose of Exheumiture	Amount
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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				T THIOUIT
ina under, includ	mized expenditures of \$50 le them in line 13. Line 14	Line 13: Expenditures over \$50 (o	or listed above)	0
iter	nly those expenditures not nized above.	Line 14: Expenditures \$50 and un		0
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDITU	RES IN THE PERIOD)

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

Date Received	From Whom Received*	Residential Address	Description of Contribution	W W. 1
			Contribute	on Value
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11				
* If you have itemized in-kind contributions of 50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over	\$50 (or listed above)	0
snouta include	only those expenditures not temized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	0
			(U

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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				Komana da managaran
				The second secon
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANDIN	NG LIABILITIES (ALL)	О

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Durmoso of E	
4/14/25	ADI Print Solutions 12 Channel Street, Suite 801 Boston, MA 02210	\$1,359.15	Purpose of Expenditure campaign signs	
5/20/25	Amazon.com mail to Printer Heidi Sopp 37 EAGLE WAY EAST WAKEFIELD, NH 03830-3720	27.52	tshirts	
5/19/25	Staples 17 Paradise Road Salem, MA 01970	82.86	postcards for League of Women Voters candidates night	
nsted above)	Out-Of-Pocket Expenditures Over \$50	1,442.01	* If you have out-of-pocket expenses of \$50	
der (not fisted above)		27.52	and under, include them in line 20. Line 21 should include only those expenditures not itemized above.	
ie 22: TOTAL OUT-OF	POCKET EXPENDITURES IN THE PERIOD	1,469.53	Enter on page 1, line 8	