

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance TY CLERK'S OFFICE

Ending Date: (E DO RILLE 19 Fill in Reporting Period dates: Beginning Date: 1/1/2019 Type of Report: (Check one) 8th day preceding preliminary year-end report dissolution 8th day preceding election 30 day after election Crossman For Waltham Word 6

Committee Name Crossman dam Candidate Full Name (if applicable) Meghan Crossman

Name of Committee Treasurer

12 Lindan Ter Walthown MA 02452

Committee Mailing Address Ward 6 C'14-1 Council
Office Sought and District
12 Linden Vot Waltham MA 02932
Residential Address
adam (rossmen 72 & Small, con E-mail: Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) 0 Line 6: Total in-kind contributions this period (page 6) 0 Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Bunk 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: 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.

(Candidate's signature)

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Receipts \$50 and under* (not listed above)			
ine 11: TOTAL RECEIPTS IN THE PERIOD			← 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.