



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

CITY OF NEW BEDFORD  
2015 JUN 15 PM 11 17  
BOARD OF ELECTION COMMISSIONER

File with:

City or Town Clerk or Election Commission Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning Month 01/01/14 Date Year Ending Month 12/31/14 Date Year

**Type of report: (Check one)**

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

Dr. Cynthia G. Kruger

Full Name of Candidate (if applicable)

Committee to Elect Dr. Cynthia G. Kruger

Office Sought and District

11 Shady Lane, New Bedford, MA 02740

Residential Address

508-993-1493

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 365.46
Line 2: Total receipts this period (page 2, line 11)	\$ 0.04
Line 3: Subtotal (line 1 plus line 2)	\$ 365.50
Line 4: Total expenditures this period (page 3, line 14)	\$ 0
Line 5: Ending balance (line 3 minus line 4)	\$ 365.50
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Line 6: Total in-kind contributions this period (page 4)	\$ 0
Line 7: Total (all) outstanding liabilities (page 4)	\$ 0
Line 8: Name of bank(s) used	Webster 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 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:

Treasurer's signature (in ink)

Date

### FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

**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:

*Dr. Cynthia G. Kruger*  
Candidate signature (in ink)

01/13/15  
Date

**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.*

This page may be copied 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)
<b>Line 9: Total receipts in excess of \$50 (or listed above)</b>		0		
<b>Line 10: Total receipts \$50 and under* (not listed above)</b>		0.04		
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		0.04		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.  
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