



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

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

DR. JUAN CRUZ Candidate Full Name (if applicable)	N/A Committee Name
Holyoke, MA City Council, Ward 1 Office Sought and District	N/A Name of Committee Treasurer
45 A Saint Kolbe Drive, Holyoke, MA 01040 Residential Address	N/A or same mailing address as candidate Committee Mailing Address
Telephone Number (optional): (413) 530-5567	Telephone Number (optional): (413) 530-5567

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="1,039.39"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1,039.39"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1,039.39"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="1,039.39"/>
Line 8: Name of bank(s) used:	<input type="text" value="Polish National credit Union (Personal Account)"/>

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) Date:

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: Dr. Juan Cruz (Candidate's signature) Date:

RECEIVED
 15 OCT 20 AM 10:09
 CITY OF HOLYOKE
 CITY CLERK'S OFFICE

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)	(Loan) Amount	Occupation & Employer (for contributions of \$200 or more)
09-08-2015	DR. JUAN CRUZ 45 A Saint Kolbe Drive Holyoke, MA 01040	212.49	Retired U.S. Army Lieutenant Colonel and Massachusetts Educator.
09-14-2015	DR. JUAN CRUZ 45 A Saint Kolbe Drive Holyoke, MA 01040	72.24	
09-14-2015	DR. JUAN CRUZ 45 A Saint Kolbe Drive Holyoke, MA 01040	54.13	
09-25-2015	DR. JUAN CRUZ 45 A Saint Kolbe Drive Holyoke, MA 01040	54.13	
9-28-2015	DR. JUAN CRUZ 45 A Saint Kolbe Drive Holyoke, MA 01040	69.04	
10-09-2015	DR. JUAN CRUZ 45 A Saint Kolbe Drive Holyoke, MA 01040	147	
10-15-2015	DR. JUAN CRUZ 45 A Saint Kolbe Drive Holyoke, MA 01040	98	
08-26-2015	DR. JUAN CRUZ 45 A Saint Kolbe Drive Holyoke, MA 01040	12.12	
09-14-2015	DR. JUAN CRUZ 45 A Saint Kolbe Drive Holyoke, MA 01040	46.74	
09-23-2015	DR. JUAN CRUZ 45 A Saint Kolbe Drive Holyoke, MA 01040	7.43	
10-01-2015	DR. JUAN CRUZ 45 A Saint Kolbe Drive Holyoke, MA 01040	46.74	
10-05-2015	DR. JUAN CRUZ 45 A Saint Kolbe Drive Holyoke, MA 01040	49	
Line 9: Total Receipts over \$50 (or listed above)		869.06	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 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.