



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: 5-27-2025 Ending Date: 1-30-2026

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

TOWN OF FRANKLIN  
TOWN CLERK  
2025 JAN 30 A 10:44  
RECEIVED

Candidate Full Name (if applicable): \_\_\_\_\_  
 Office Sought and District: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Franklin Neighborhood Alliance  
Committee Name  
 AUSTRIA KRUZA  
Name of Committee Treasurer  
 375A Oak St  
Committee Mailing Address  
 E-mail: KRUZA AUSTRIA @GMAIL.COM  
 Phone #: 508-528-6211

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	340.13
Line 2: Total receipts this period (page 3, line 12)	25.22
Line 3: Subtotal (line 1 plus line 2)	365.35
Line 4: Total expenditures this period (page 5, line 15)	0
Line 5: Ending Balance (line 3 minus line 4)	365.35
Line 6: Total in-kind contributions this period (page 6, line 18)	0
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0
Line 9: Name of bank(s) used:	ROCKLAND TRUST

**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: Austria Kruga (Treasurer's signature) Date: 1-30-2026

**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.  
 Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature) Date: \_\_\_\_\_



**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)			* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 11: Total Receipts \$50 and under (not listed above)			
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>		2522	

← Enter on page 1, line 2









