



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

Please print or type all information, except signatures.

**Fill in dates:**

Month	Date	Year	Month	Date	Year
Reporting Period Beginning			Ending		

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

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

Jerry Nigro  
 Full Name of Candidate (if applicable)  
Natural Resource Commission  
 Office Sought and District  
 \_\_\_\_\_  
 Residential Address  
 \_\_\_\_\_  
 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	\$ _____
Line 2: Total receipts this period (page 2, line 11)	\$ _____
Line 3: Subtotal (line 1 plus line 2)	\$ _____
Line 4: Total expenditures this period (page 3, line 14)	\$ _____
Line 5: Ending balance (line 3 minus line 4)	\$ _____
Line 6: Total in-kind contributions this period (page 4)	\$ _____
Line 7: Total (all) outstanding liabilities (page 4)	\$ _____
Line 8: Name of bank(s) used	_____

*Expenses and Contributions*

**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:

[Signature] 2/26/18  
Date





### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
<b>Line 15: In-kind over \$50</b>				
<b>Line 16: In-kind \$50 and under</b>				
<b>Line 17: Total In-kind</b>				

Enter on page 1, line 6

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				

Enter on page 1, line 7