CPF ID #: _____
(For Office Use Only)

Commonwealth of Massachusetts

Form CPF D104:
Statement of Candidate
Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

File with: Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411, Boston, MA 02108

(617) 979-8300 / (800) 462-OCPF
ocpf@cpf.state.ma.us
http://www.ocpf.us

CHECK ONE: [X] I do not have a political committee. **OR** [ ] I have organized a political committee on my behalf.

Candidate's Name: STEPHEN NELSON

Office Sought/District: BOARD OF HEALTH

Residential Address: 175 SPRING STREET

City / State / Zip: ROCKLAND, MA 02370

E-Mail Address: _____ Phone Number: 781 792-2926

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose. I submit the following as my campaign report for all bank reporting periods in this election cycle as provided for in Chapter 55 of the Massachusetts General Laws:

1.	Ending balance from previous report	ZERO
2.	Total receipts for reporting period	ZERO
3.	Subtotal	ZERO
4.	Total Expenditures for reporting period	ZERO
5.	Ending balance	ZERO

If, after filing this statement, I decide to raise or expend funds for a campaign-related purpose, I will immediately designate a depository bank, open an account at the designated bank, and complete and file an Appointment of Depository Bank (D103) Form.

Until such notice is on file with the Director, I certify that the above Zero report will be in effect for each reporting period required by Chapter 55 of the Massachusetts General Laws.

SIGNED UNDER THE PENALTIES OF PERJURY:

_____
Candidate's signature Date: _____