

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: Januar	ry 1, 2017 Ending Date: October 20, 2017
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Nyles L. Courchesne	Commitee To Elect Nyles L. Courchesne
Candidate Full Name (if applicable)	Committee Name
Holyoke Ward 7 School Committee Office Sought and District	Richard P. Courchesne
	Name of Committee Treasurer
1164 Northampton Street, Holyoke, MA 01040 Residential Address	21 Claren Drive, Holyoke, MA 01040 Committee Mailing Address
E-mail: nlc@pcalaw	E-mail:
Phone # (optional): 4138969223	Phone # (optional): 4135326061
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	\$4.65
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	₹ 2 \$4.63 T
Line 4: Total expenditures this period (page 5, line	9 14) S P 0 1
Line 5: Ending Balance (line 3 minus line 4)	۲ \$4.65 يا يا \$4.65 يا
Line 6: Total in-kind contributions this period (page	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	\$903.43
Line 8: Name of bank(s) used: United Bank	
activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures of my behalf during this reporting personal candidate without Committee OR Candidate with independent activity filing sep	Intributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: Oble 7 conly) best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period. Date: Date: Oble 7 Date: Date: Date: Oble 7 Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date
finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of perjury:	committee in accordance with the requirements of M.G.L. c. 55. (Candidate's signature) Date: 0 26

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.)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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ine 9: Total Recei	pts over \$50 (or listed above)	1		
ine 10: Total Rece	ipts \$50 and under* (not listed above)			
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	0		
	receipts of \$50 and under include them in 12		← 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ine 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	0	← 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.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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][J L	<u> </u>
		Line 12: Total Expenditures or	ver \$50 (or listed above)	
		2. I I I I I I I I I I I I I I I I I I I		
		Line 13: Total Expenditures \$50 and under* (not listed above)		
		Zine 15. Total Expellutures 35	(not fisted above)	
	Enter on more 1 line 4	Line 14: TOTAL EVDENDED	CUBEC IN THE PERIOR	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	OKES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		F		
		Line 12: Expenditures over	\$50 (or listed above)	
		Line 13: Expenditures \$50 and under* (not listed above)		
	Enter an over \$ 15 day		DITURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
				[
				To the state of th	
		Line 15: In-Kind Contributions over \$50 (or listed above)			
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

^{*} 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.

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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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	903.43