

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerkyor Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: 10/20/2019
Type of Report: (Check one)	
8th day preceding preliminary \$\square \text{Sth day preceding elect}	tion 30 day after election } year-end report dissolution
Nyles L. Courchesne	Committee 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 Tressurer
1164 Northampton Street, Holyoke, MA 01040	21 Claren Drive, Holyoke, MA 01040
Residential Address	Committee Mailing Address
E-muit: nlc@pcalaw	E-mail;
Phone # (optional): 4138969223	Phone # (optional): 4135326061
	LANCE INFORMATION:
Line 1: Ending Balance from previous repo	
Line 2: Total receipts this period (page 3, line 7, Substituted (line 1, place line 2)	
Line 3: Subtotal (line 1 plus line 2)	4.56
Line 4: Total expenditures this period (page	2 5, fine L4)
Line 5: Ending Balance (line 3 minus line 4	4)
Line 6: Total in-kind contributions this peri	iod (page 6)
Line 7: Total (all) outstanding liabilities (pa	age 7) 903.43
Line 8: Name of bank(s) used: United Bank	
finance activity of all persons acting under the numberity or tin behalf of this come Signed under the penalties of perjury:	(Treasurer's signature) Date: 10 (dC 17)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (ch	neck I box only)
incurred any liabilities nor made any expenditures on by behalf during this	is, to the best of my knowledge and belief, a true and complete statement of all campaign financines in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, reporting period.
Signed under the penulties of perjury:	(Candidate's signature) Date: 206/15

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) Amount		Occupation & Employer (for contributions of \$200 or more)	
			MATE 100 marks 100 marks	
ne 9: Total Receip	ls over \$50 (or listed above)			
ne 10: Total Receip	ots \$50 and under* (not listed above)			
	CEIPTS IN THE PERIOD	0 4	Enter on page 1, line 2	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	12711		
	All the second s		
			All and a second a
			1779
	1		
	s over \$50 (or listed above)		the second secon
ne 10: Total Receip	ts \$50 and under* (not listed above)		
ne II: TOTAL RE	CEIPTS IN THE PERIOD	0 4	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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	10 (170)	
Trace Faid	(arphabetical usting)	Address	Purpose of Expenditure	Amount
	=======================================			
		V		
		11		
الصيني				
] [1		
		L		
		Line 12: Total Expenditures over §		
		Line 13: Total Expenditures \$50 an	id under* (not Beted at)	
	12	***		
	Unter on page 1, line 4 →	Line 14: TOTAL EXPENDITUR	ES IN THE PERIOD	

ditures 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
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				L
111				
		Mark Constant		
		100 miles		
	I.	inc 12: Expenditures over \$	50 / 2 2 1 1	
	Į,	ine 13; Expenditures \$50 au	d under* (not listed above)	
			TURES IN THE PERIOD	

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
	A STATE OF THE STA			
				Total Control of the
				100 a
	THE REPORT OF THE PERSON OF TH			
		Line 15: In-Kind Contribution	ns over \$50 (or listed above)	
		Line 16: In-Kind Contribution	s \$50 & under (not listed above)	
If an in-kind cont	Enter on page 1, line $6 \rightarrow$ ribution is received from a person w	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 a of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer. who contributes more than \$50 in a calendar year, you must report the name and address

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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 Duc	Address	Purpose	Amount
				<u> </u>
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			- Allerandon	
	C	Jue 18: TOTAL OUTSTANI		