



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED 15 OCT 26 PM 12:43 CITY OF HOLYOKE CITY CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Reporting Period - Beginning: 1/1/2015 Ending: 10/16/2015

Type of report: Pre-election

Table with 2 columns: Candidate Information (Kevin Jourdain) and Committee Information (The Jourdain Committee). Rows include Full Name of Candidate, Office Sought/District, and Residential Address.

SUMMARY BALANCE INFORMATION

Summary Balance Information table with columns for description and amount. Includes Ending Balance from previous report, Total receipts, Subtotal, Total expenditures, and Ending Balance.

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...

Signed under the penalties of perjury:

Richard Berrena (handwritten signature)

10/25/2015 (handwritten date)

Treasurer's signature (in ink)

Date

Affidavit of Candidate (check 1 box only) :

[X] Candidate with Committee and no activity independent of the committee

I certify that I have examined this report, and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity...

[] Candidate without Committee OR candidate with independent activity filing separate report.

I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity...

Signed under the penalties of perjury:

Kevin A Jourdain (handwritten signature)

10/25/15 (handwritten date)

Candidate's signature (in ink)

Date

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.

| Date | Name and Residential Address | Amount | Occupation and Employer |
|-----------|---|----------|------------------------------------|
| 3/26/2015 | Akman, John 6 Dorianna Avenue Shrewsbury, MA 01545 | \$250.00 | Owner High Street Shell |
| 3/26/2015 | Alexander for City Council 1021 Northampton St Holyoke, MA 01040 | \$100.00 | |
| 3/26/2015 | Allyn, Shawn 110 Elizabeth St Feeding Hills, MA 01030 | \$500.00 | Attorney Allyn & Ball |
| 4/11/2015 | Ball, Lisa 272 Whitney Avenue Holyoke, MA 01040 | \$100.00 | Attorney Allyn & Ball |
| 4/5/2015 | Belanger, Lori 16 Roland Street Holyoke, MA 01040 | \$30.00 | |
| 3/26/2015 | Bergeron, Mark 109 Apple Ridge Rd West Springfield, MA 01089 | \$100.00 | |
| 3/24/2015 | Berrena, Richard 307 Linden St Holyoke, MA 01040 | \$100.00 | Job Developer Future Works |
| 9/10/2015 | Berrena, Richard 307 Linden St Holyoke, MA 01040 | \$50.00 | Job Developer Future Works |
| 6/3/2015 | Cieri, Dennis 523 River Road Edgewater, NJ 07020 | \$250.00 | Principal Eden Property Company |
| 3/26/2015 | Committee to Elect Michael Franco 7 Primrose Lane Holyoke, MA 01040 | \$100.00 | |

| Date | Name and Residential Address | Amount | Occupation and Employer |
|-----------|--|----------|------------------------------------|
| 3/16/2015 | Courschesne, Richard 21 Claren Dr Holyoke, MA 01040 | \$100.00 | Retired |
| 3/26/2015 | Czaplicki, Odette 8 Ivy Avenue Holyoke, MA 01040 | \$200.00 | Retired Retired |
| 3/26/2015 | Davis, Keith 9 Pheasant Dr Holyoke, MA 01040 | \$100.00 | Computer Educator Self-Employed |
| 3/26/2015 | Dunn, Martin 89 Madison Ave Holyoke, MA 01040 | \$100.00 | Attorney Wilson & Dunn |
| 3/26/2015 | Fitz, Michael 25 Stanford St Holyoke, MA 01040 | \$100.00 | Attorney Self-Employed |
| 3/26/2015 | Flynn, Kevin 80 Jarvis Ave Holyoke, MA 01040 | \$80.00 | Owner Slainte |
| 3/26/2015 | Harfoush, Joseph 288 West Franklin St Holyoke, MA 01040 | \$100.00 | Owner Joz Ride in Style |
| 10/2/2015 | International Brotherhood of Police Officers Local 388 138 Appleton Street Holyoke, MA 01040 Edward Moskal | \$100.00 | |
| 3/26/2015 | Lalchandani, Mano 1820 Northampton St Holyoke, MA 01040 | \$250.00 | Dentist Oakdale Dental Associa |
| 3/16/2015 | McCarthy, Joseph 39 Richard Eger Dr Holyoke, MA 01040 | \$100.00 | |
| 3/26/2015 | Methot, Samantha 83 College Street Chicopee, MA 01020 | \$100.00 | |
| 4/7/2015 | Murphy, Timothy 56 Fairfield Ave Holyoke, MA 01040 | \$100.00 | Architect Self-Employed |

| Date | Name and Residential Address | Amount | Occupation and Employer |
|---------------------------|---|------------|-------------------------------------|
| 3/27/2015 | Norris, Helen 2090 Northampton St Holyoke, MA 01040 | \$75.00 | Retired Retired |
| 4/27/2015 | Reynolds, Daniel 434 Massasoit Rd Worcester, MA 01604 | \$350.00 | Nurse Commonwealth of Massac |
| 6/12/2015 | Ross, Kevin 6 Briarwood Dr Holyoke, MA 01040 | \$100.00 | President Ross Insurance Agency, |
| 3/26/2015 | Rudzik, David 236 South St Holyoke, MA 01040 | \$100.00 | Custodian Holyoke Public Schools |
| 5/15/2015 | Segal, Kenneth 619 Palisade Avenue Engelwood Cliffs, NJ 07632 | \$250.00 | CEO SEGBRO COMPANIES |
| 3/26/2015 | Stanek, Jeffrey 11 Lindbergh Ave Holyoke, MA 01040 | \$100.00 | Finance Consultant Self-Employed |
| 8/12/2015 | Wall, Stephen 151 Locust St Holyoke, MA 01040 | \$100.00 | |
| 3/16/2015 | Walsh, Denis 8a Walnut Street Boston, MA 02108 | \$500.00 | President Weld Management |
| 10/2/2015 | Western Mass Republicans, a Pol Action Comm P.O. Box 4662 Springfield, MA 01101 80433 | \$100.00 | |
| 3/26/2015 | Wilson, Thomas 16 Carter St Holyoke, MA 01040 | \$100.00 | Attorney Wilson & Dunn |
| Total Itemized Receipts | | \$4,785.00 | |
| Total Unitemized Receipts | | \$3,825.00 | |
| Total Receipts | | \$8,610.00 | |

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 over \$50 and under may be added together from committee records, and reported on line 13.

| Date | Name and Address | Amount | Purpose |
|-----------|--|------------|-------------------------------|
| 4/27/2015 | Capital Connections Po Box 590546 Newton Center, MA 02459 | \$108.00 | Database Management |
| 5/2/2015 | Dan Allie 38 Union St Westfield, MA 01085 | \$263.00 | Bumper Stickers |
| 9/11/2015 | Dan Allie 38 Union St Westfield, MA 01085 | \$365.00 | Printing Flyers |
| 6/4/2015 | Dan Allie 38 Union St Westfield, MA 01085 | \$900.00 | Lawn Signs |
| 5/2/2015 | Dan Allie 38 Union St Westfield, MA 01085 | \$270.00 | Lapel Stickers |
| 7/25/2015 | Kevin Orzechowski 6 Cypress Rd Holyoke, MA 01040 | \$100.00 | Social Media Work |
| 3/9/2015 | Postmaster 50 Holyoke St Holyoke, MA 01040 | \$196.00 | Postage |
| 1/2/2015 | St. Patrick's Parade Committee 34 Clark Street Holyoke, MA 01040 | \$84.00 | Event Ticket |
| 3/8/2015 | Staples 1129 Riverdale St West Springfield, MA 01089 | \$77.28 | Copies & Campaign Supplies |
| 2/26/2015 | Tiger Press 50 Industrial Dr East Longmeadow, MA 01028 | \$1,108.18 | Printing & Mailing Charges |
| 3/26/2015 | Yankee Pedlar Inn 1866 Northampton St Holyoke, MA 01040 | \$495.62 | Event Cost |

| Date | Name and Address | Amount | Purpose |
|------|------------------|--------|---------|
|------|------------------|--------|---------|

| | | | |
|-------------------------------|--|------------|--|
| Total Itemized Expenditures | | \$3,967.08 | |
| Total Unitemized Expenditures | | \$495.00 | |
| Total Expenditures | | \$4,462.08 | |

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

| Date | Name and Residential Address | Value | Description Occupation/Employer |
|------|---------------------------------------|--------|------------------------------------|
| | Total Itemized Inkind Contributions | \$0.00 | |
| | Total Unitemized Inkind Contributions | \$0.00 | |
| | Total Inkind Contributions | \$0.00 | |

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 the liabilities incurred during this reporting period.

| Date | To Whom Due | Amount | Purpose |
|-------------------------------|-------------|--------|---------|
| Total Outstanding Liabilities | | \$0.00 | |