



## Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2014 JAN -8 A 11: 45

TOWN OF ANDOVER, MASS

City or Town of: Andover

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning	January	1,	2013	Ending	December	31, 2013

Type of Report: (Check One)			
<input type="checkbox"/> 8th day preceding preliminary/primary	<input type="checkbox"/> 8th day preceding election	<input type="checkbox"/> 30th day following election (Town or Special)	<input checked="" type="checkbox"/> 20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

DATE	I. SIGNATURE <small>Signed under the penalties of perjury</small>	II. RESIDENTIAL ADDRESS <small>(Street and Number)</small>	III. OFFICE SOUGHT
		8 Sutherland Street	Punchard Free School Trustee





# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

Commonwealth  
of Massachusetts

2014 JAN 16 P 1:20

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: **Beginning Date:**  **Ending Date:**

Type of Report: (Check one)  
 8th day preceding preliminary   
 8th day preceding election   
 30 day after election   
 year-end report   
 dissolution

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="0"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="0"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="TD Bank, Andover, MA 01810"/>

**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)      Date:

**FOR CANDIDATE FILINGS ONLY: 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: David Birnbach (Candidate's signature)      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.*

**(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)
Line 9: Total Receipts over \$50 (or listed above)		0	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		0	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		0	

\* 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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← 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	Purpose of Expenditure	Amount
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>0</b>

Enter on page 1, line 4 →

\* 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
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 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				0

\* 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.







Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

RECEIVED  
TOWN CLERK'S OFFICE Office of Campaign and Political Finance

2014 JAN 21 A 11: 21

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/13 Ending Date: 12/31/13

TOWN OF ANDOVER, MASS

Type of Report: (Check one)

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

JANICE Burkholder  
Candidate Full Name (if applicable)

Committee to Elect JANICE Burkholder  
Committee Name

ANDOVER Housing Author. Bd  
Office Sought and District

WARREN Burkholder  
Name of Committee Treasurer

22 ARUNDEL Street  
Residential Address

22 ARUNDEL Street  
Committee Mailing Address

Telephone Number (optional):

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>-0-</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>N/A</u>

#### 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: Warren Burkholder (Treasurer's signature) Date: 1/15/14

#### FOR CANDIDATE FILINGS ONLY: 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: Janice Burkholder (Candidate's signature) Date: 1/15/14



**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

Line 9: Total Receipts over \$50 (or listed above)     

Line 10: Total Receipts \$50 and under\* (not listed above)     

**Line 11: TOTAL RECEIPTS IN THE PERIOD**     

← 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 (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				-0-
Line 13: Expenditures \$50 and under* (not listed above)				-0-
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				-0-

\* 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.

<b>Date Received</b>	<b>From Whom Received*</b>	<b>Residential Address</b>	<b>Description of Contribution</b>	<b>Value</b>
Line 15: In-Kind Contributions over \$50 (or listed above)				-0-
Line 16: In-Kind Contributions \$50 & under (not listed above)				-0-
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				-0-

\* 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.





Commonwealth of Massachusetts

# Form CPF D 102 : Campaign Finance Report Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

2014 JAN 21 A 8:52

CPF ID# \_\_\_\_\_  
TOWN OF ANDOVER, MASS

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning 1/1/2013 Ending 12/31/2013

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

Initial Report  Year-end Report  Dissolution Report  Other

Ann Teresa Cobleigh  
Full Name of Candidate

Selectman, Andover, MA  
Office Sought/District

21 Magnolia Avenue, Andover, MA 01810  
Residential Address

978-387-7160  
Tel. No. (optional)

Committee to Elect Ann Cobleigh  
Committee Name

Steven Cobleigh  
Name of Committee Treasurer

21 Magnolia Avenue, Andover, MA 01810  
Committee Mailing Address

508-353-4240  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ 89.54
Line 2: Total receipts this period (page 2, line 11)	\$ 0.00
Line 3: Subtotal (line 1 plus line 2)	\$ 89.54
Line 4: Total expenditures this period (page 3, line 14)	\$ 0.00
Line 5: Ending balance (line 3 minus line 4)	\$ 89.54
-----	
Line 6: Total in-kind contributions this period (page 3)	\$ 0.00
Line 7: Total (all) outstanding liabilities (page 4)	\$ 814.94
Line 8: Name of bank(s) used	Peoples United Bank

**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.

[Signature] Signed under the penalties of perjury: 1/20/14

Treasurer's signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_

**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, and 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.

[Signature] Signed under the penalties of perjury: 1/20/14

Candidate signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE A: RECEIPTS**

**INITIAL REPORT:** Report any receipts received before appointing the depository bank

**OTHER REPORTS:** You may omit schedule A information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your receipts on lines 9 - 11.

*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 Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
	None			
<b>Line 9: Total receipts in excess of \$50</b>		\$0.00		
<b>Line 10: Total receipts \$50 and under</b>		\$0.00		
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		\$0.00		Enter on page 1, line 2.

**SAVINGS ACCOUNT INFORMATION**

Are there any campaign funds on deposit in savings accounts/CDs etc.?  No (go to page 3)  Yes

If yes, complete the following:

Name(s) of Bank(s) and/or CDs

Amount in account/CD etc.

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**SAVINGS ACCOUNT/CD TOTAL:** \$ \_\_\_\_\_

All funds held in savings accounts, CDs etc. should be included in line 5, (ending balance) on page 1.

**SCHEDULE B: EXPENDITURES**

**INITIAL REPORT:** Report any expenditures made before appointing the depository bank.

**OTHER REPORTS:** You may omit schedule B information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your expenditures on lines 12 - 14.

*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.*

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	None			
			Line 12: Expenditures over \$50	\$0.00
			Line 13: Expenditures \$50 and under	\$0.00
			Line 14: <b>TOTAL EXPENDITURES</b>	\$0.00

Enter on page 1, line 4

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

In-kind contributions are not reported by a depository bank. You must report all in-kind contributions for the reporting period on this form (or attached sheets). 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
	None			
			Line 15: In-kind over \$50	\$0.00
			Line 16: In-kind \$50 and under	\$0.00
			Line 17: <b>Total In-kind</b>	\$0.00

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 contributor has given an aggregate amount of \$200 or more in a calendar year, the contributor's occupation and employer must also be reported.

This page may be copied if additional pages are required to report all expenditures or all in-kind contributions. Please include your committee name, CPF ID# and a page number on each page.

**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
2/24/2012	Ann Cobleigh	21 Magnolia Ave, Andover	Loan for production of 200 yard signs	\$814.94
Enter on page 1, line 7.		<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>		\$814.94

**SCHEDULE E: DISCLOSURE OF ASSETS STATEMENT**

All candidates and committees must fill in part A or part B.

**Part A:**

No assets\* were acquired or disposed of by this candidate/committee during the period covered by this statement.

**Part B:**

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset <small>Include year, model or other identifying information, if applicable.</small>	Date Acquired	Present Location	Manner Acquired	Cost/Value
None				

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset <small>Include year, model or other identifying information, if applicable.</small>	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value <small>Attach statement of how value is determined.</small>
None				

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

\* An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

This page may be copied if additional pages are required to report all liabilities or assets. Please include your committee name, CPF ID# and a page number on each page.





**Form CPF M 102-0: Campaign Finance Report  
Municipal Form**

Office of Campaign and Political Finance

*Paula Cozby-Clement*

City or Town of: ANDOVER, MA

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning	<u>Jan</u>	<u>1</u>	<u>2013</u>	Ending	<u>December</u> <u>31</u>	<u>2013</u>

Type of Report: (Check One)

8th day preceding preliminary/primary    
  8th day preceding election    
  30th day following election (Town or Special)    
  20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

- I certify that I am a candidate for or hold Municipal Office.
- I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- I certify that I do not have a political committee.

RECEIVED  
 TOWN CLERK'S OFFICE  
 JAN 1 8 A 11:3  
 TOWN OF ANDOVER, MA

DATE	I. SIGNATURE <small>Signed under the penalties of perjury</small>	II. RESIDENTIAL ADDRESS <small>(Street and Number)</small>	III. OFFICE SOUGHT
1/1/14	<i>Paula Cozby-Clement</i>	119 CHESTNUT ST.	School Committee





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

File with:  City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:

TOWN OF ANDOVER, MASS

Type of Report: (Check one)

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

<input type="text" value="Richard J. Collins"/>
Candidate Full Name (if applicable)
<input type="text" value="School Committee"/>
Office Sought and District
<input type="text" value="117 Lovejoy Road, Andover, MA 01810"/>
Residential Address
Telephone Number (optional): <input type="text"/>

<input type="text" value="Collins Election Committee"/>
Committee Name
<input type="text" value="Kevin F. Brosnan"/>
Name of Committee Treasurer
<input type="text" value="117 Lovejoy Road, Andover, MA 01810"/>
Committee Mailing Address
Telephone Number (optional): <input type="text"/>

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="461.8"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="- 0 -"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="461.80"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="461.80"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="- 0 -"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="- 0 -"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="- 0 -"/>
Line 8: Name of bank(s) used:	<input type="text" value="TD Bank Main St. Andover MA"/>

#### 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) Date:

#### FOR CANDIDATE FILINGS ONLY: 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:  (Candidate's signature) 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.*

**(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)
Line 9: Total Receipts over \$50 (or listed above)		- 0 -	
Line 10: Total Receipts \$50 and under* (not listed above)		- 0 -	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		- 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3-13-2013	Andover Youth Foundation	34 Pearson ST Andover MA 01810	Charitable Contribution	460 <sup>00</sup>
Line 12: Total Expenditures over \$50 (or listed above)				460 <sup>00</sup>
Line 13: Total Expenditures \$50 and under* (not listed above)				180
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>461 80</b>

\* 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

Line 12: Expenditures over \$50 (or listed above)

Line 13: Expenditures \$50 and under\* (not listed above)

Enter on page 1, line 4 →

**Line 14: TOTAL EXPENDITURES 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
Line 15: In-Kind Contributions over \$50 (or listed above)				- 0 -
Line 16: In-Kind Contributions \$50 & under (not listed above)				- 0 -
Enter on page 1, line 6 →	<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>			<b>- 0 -</b>

\* 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

Enter on page 1, line 7 →

**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

- 0 -



Commonwealth of Massachusetts

### Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2013 DEC 18 P 1:38

City or Town of: Andover

TOWN OF ANDOVER, MASS

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning	Jan	1	2013	Ending	Dec 31	2013

Type of Report: (Check One)

8th day preceding preliminary/primary    
 8th day preceding election    
 30th day following election (Town or Special)    
 20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

- I certify that I am a candidate for or hold Municipal Office.
- I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
12/18/13	<i>J. G. Co</i>	127 Greenwood Rd	Housing Authority





Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK'S OFFICE

2014 JAN -9 P 12:34

File with: City or Town Clerk or Election Commission

1/8/2014

TOWN OF ANDOVER, MASS

Reporting Period - Beginning: 4/15/2013 Ending: 12/31/2013

Type of report: Year-end

Table with 2 columns: Candidate Information (Sheila M Doherty, Moderator, 9 Juniper Road, Andover, MA 01810) and Committee Information (The Doherty Committee, James D Doherty Jr, 9 Endicott Road, Andover, MA 01810)

SUMMARY BALANCE INFORMATION

Summary Balance Information table showing Ending Balance from previous report (\$420.36), Total receipts (\$0.00), Subtotal (\$420.36), Total expenditures (\$0.00), Ending Balance (\$420.36), Total inkind contributions (\$0.00), Total outstanding liabilities (\$0.00), and Name of bank(s) used (Northmark Bank).

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, inkind 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:

Handwritten signature of James D Doherty Jr.

1/8/14 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, 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 and 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, inkind 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:

Handwritten signature of Sheila M Doherty

## 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 Employe
	Total Itemized Receipts	\$0.00	
	Total Unitemized Receipts	\$0.00	
	Total Receipts	\$0.00	

## 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
	Total Itemized Expenditures	\$0.00	
	Total Unitemized Expenditures	\$0.00	
	Total Expenditures	\$0.00	

### 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	



## Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2013 DEC 11 A 9:52

TOWN OF ANDOVER, MASS

City or Town of: Andover

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning	January	1,	2013	Ending	December	31, 2013

Type of Report: (Check One)

8th day preceding preliminary/primary     
  8th day preceding election     
  30th day following election (Town or Special)     
  20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

- ✓ 1. I certify that I am a candidate for or hold Municipal Office.
- ✓ 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- ✓ 3. I certify that I do not have a political committee.

DATE	I. SIGNATURE <small>Signed under the penalties of perjury</small>	II. RESIDENTIAL ADDRESS <small>(Street and Number)</small>	III. OFFICE SOUGHT
12/06/13	<i>Robert E. Finjer</i>	5 Iceland Road	Punchard Free School Trustee





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2014 JAN 31 A 11:47

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:

TOWN OF ANDOVER, MASS

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="0"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="0"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="N/A"/>

#### 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) Date:

#### FOR CANDIDATE FILINGS ONLY: 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:  (Candidate's signature) 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.*

(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)

Line 9: Total Receipts over \$50 (or listed above) - 0 -

Line 10: Total Receipts \$50 and under\* (not listed above) - 0 -

**Line 11: TOTAL RECEIPTS 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under\* (not listed above)

**Line 11: TOTAL RECEIPTS IN THE PERIOD**  ← 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	Purpose of Expenditure	Amount

Line 12: Total Expenditures over \$50 (or listed above)	10'
---	-----

Line 13: Total Expenditures \$50 and under* (not listed above)	10'
--	-----

Enter on page 1, line 4 →

<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>10'</b>
--	------------

\* 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

Line 12: Expenditures over \$50 (or listed above)	-0-
Line 13: Expenditures \$50 and under* (not listed above)	-0-
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	-0-

Enter on page 1, line 4 →

\* 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
			Line 15: In-Kind Contributions over \$50 (or listed above)	- 0 -
			Line 16: In-Kind Contributions \$50 & under (not listed above)	- 0 -
Enter on page 1, line 6 →			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	- 0 -

\* 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.





Commonwealth  
of Massachusetts

# Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE  
2014 JAN 31 P 2:20

City or Town of: Andover

TOWN OF ANDOVER, MASS

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning	January	1,	2013	Ending	December	31, 2013

Type of Report: (Check One)

- 8th day preceding preliminary/primary
  8th day preceding election
  30th day following election (Town or Special)
  20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

- I certify that I am a candidate for or hold Municipal Office.
- I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
11/31/14	<i>Devin T. Ryan</i>	18 Reservation Rd	School Committee





Commonwealth of Massachusetts

RECEIVED  
TOWN CLERK'S OFFICE

2014 JAN 14 A 11:29

# 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: *TOWN OF ANDOVER, MASS.* Beginning Date: Jan. 1, 2013 Ending Date: Dec. 31, 2013

### Type of Report: (Check one)

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

Ann W. Gilbert  
Candidate Full Name (if applicable)

School Committee  
Office Sought and District

12 Gray Rd, Andover, MA 01810  
Residential Address

Telephone Number (optional):

Committee to Elect Annie Gilbert  
Committee Name

Irene Pica  
Name of Committee Treasurer

5 Athena Circle, Andover, MA 01810  
Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<input type="text"/>

#### 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: *Irene Pica* (Treasurer's signature) Date: 1/8/2014

#### FOR CANDIDATE FILINGS ONLY: 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: *Ann W. Gilbert* (Candidate's signature) Date: 1/9/14

## 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)
<b>Line 9: Total Receipts over \$50 (or listed above)</b>			
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			

← 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)**

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under\* (not listed above)

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

← 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	Purpose of Expenditure	Amount
<b>Line 12: Total Expenditures over \$50 (or listed above)</b>				
<b>Line 13: Total Expenditures \$50 and under* (not listed above)</b>				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>0</b>

Enter on page 1, line 4 →

\* 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
			Line 12: Expenditures over \$50 (or listed above)	
			Line 13: Expenditures \$50 and under* (not listed above)	
			<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	0

Enter on page 1, line 4 →

\* 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
Enter on page 1, line 6 →			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	0

\* 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.





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

2014 JAN 21 A 11:54

Fill in Reporting Period dates: Beginning Date:  Ending Date:

TOWN OF ANDOVER, MASS

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="1,797.45"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1,797.45"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="75.00"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="1,722.45"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0.00"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0.00"/>
Line 8: Name of bank(s) used:	<input type="text" value="SOVEREIGN / SANTANDER"/>

**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: Michael Besser (Treasurer's signature) Date: 1/21/2014

**FOR CANDIDATE FILINGS ONLY: 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: Daniel T. Grams (Candidate's signature) Date: 1/21/2014

## 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)
Line 9: Total Receipts over \$50 (or listed above)		0.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>0.00</b>	← 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	Purpose of Expenditure	Amount
6/6/2013	SOVEREIGN/SANTANDER	N. MAIN STREET ANDOVER, MA 01810	MAINTENANCE FEE (BANK)	15.00
7/8/2013	SOVEREIGN/SANTANDER	N. MAIN STREET ANDOVER, MA 01810	MAINTENANCE FEE (BANK)	15.00
9/4/2013	SOVEREIGN/SANTANDER	N. MAIN STREET ANDOVER, MA 01810	MAINTENANCE FEE (BANK)	15.00
10/1/2013	SOVEREIGN/SANTANDER	N. MAIN STREET ANDOVER, MA 01810	MAINTENANCE FEE (BANK)	15.00
12/31/2013	SOVEREIGN/SANTANDER	N. MAIN STREET ANDOVER, MA 01810	MAINTENANCE FEE (BANK)	15.00
Line 12: Total Expenditures over \$50 (or listed above)				0
Line 13: Total Expenditures \$50 and under* (not listed above)				75.00
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>75.00</b>

\* 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
Line 15: In-Kind Contributions over \$50 (or listed above)				0.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				0.00
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<b>0.00</b>

\* 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
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	<b>0.00</b>



# Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

City or Town of: Andover

RECEIVED  
TOWN CLERK'S OFFICE  
2014 JAN - 6 A 12  
OWN OF ANDOVER, MASS

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning	April	16,	2013	Ending	December 31,	2013

Type of Report: (Check One)

8th day preceding preliminary/primary

8th day preceding election

30th day following election (Town or Special)

20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

- I certify that I am a candidate for or hold Municipal Office.
- I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/17/14	Randall L. Hans	15 Pasho Street	Punchard Free School Trustee



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2014 JAN 21 A 11:14

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:

TOWN OF ANDOVER, MASS

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="2,020.44"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="2020.44"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1903.00"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="117.44"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="136.55"/>
Line 8: Name of bank(s) used:	<input type="text" value="BANK OF AMERICA"/>

**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) Date:

**FOR CANDIDATE FILINGS ONLY: 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:  (Candidate's signature) 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.

(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)
	2013 46		

Line 9: Total Receipts over \$50 (or listed above) \_\_\_\_\_

Line 10: Total Receipts \$50 and under\* (not listed above) \_\_\_\_\_

**Line 11: TOTAL RECEIPTS IN THE PERIOD** \_\_\_\_\_

← 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	Purpose of Expenditure	Amount
6/11/12	JESSE REDLENER	3 DUNAS RD ANDOVER MA 01810	REPAYMENT OF LOAN (FULL)	225.10
1/23/13	DANIEL KOWALSKI	24 GARLAND DR ANDOVER MA 01810	REPAYMENT OF LOAN (PARTIAL)	1903.00
	CORRECTION			
	PAID ON 6/11/12 - RENDERED AS			
	LIABILITY ON 2012 YEAR END REPORT			
	NO 2013 IMPACT			
Line 12: Total Expenditures over \$50 (or listed above)				1903.00
Line 13: Total Expenditures \$50 and under* (not listed above)				—
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>1903.00</b>

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









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

Fill in Reporting Period dates: Beginning Date: 4-15-13 Ending Date: 12-31-2013

2014 JAN 21 A 10:31

Type of Report: (Check one)

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

Barbara A. L'Italien  
Candidate Full Name (if applicable)

Andover School Committee  
Office Sought and District

54 Harper Circle, Andover, MA 01810  
Residential Address

Telephone Number (optional): (978) 475-8681

Committee to Elect Barbara L'Italien  
Committee Name

Kevin P. Hall  
Name of Committee Treasurer

PO Box 1936 Andover, MA 01810  
Committee Mailing Address

Telephone Number (optional): (978) 409-1818

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>818.90</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1,200.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2,018.90</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1,642.53</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>376.37</u>
Line 6: Total in-kind contributions this period (page 6)	<u>                    </u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>                    </u>
Line 8: Name of bank(s) used:	<u>TD Bank</u>

**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: K Hall (Treasurer's signature) Date: 12-21-2014

**FOR CANDIDATE FILINGS ONLY: 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.

Barbara L'Italien Date: 12/21/2014

## 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)
01/30/13	ONE-TIME adjustment DET OCTF	700.00	
11/7/13	Amy Weinstock 33 Doves Road Lexington, MA 02421	500.00	Executive Director Autism Insurance Resource Ctr.
Line 9: Total Receipts over \$50 (or listed above)		1,200.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1,200.00</b>	← 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**

(p.1)

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	Purpose of Expenditure	Amount
4/29/13	Act Blue Mass Democratic Party	77 Summer St. 10th Floor Boston, MA 02110	Democratic convention Delegates Fee	75.00
9/13/13	Bay State Stonewall Dem PAC	PO Box 837 Pepperell, MA 01462	refund 2012 PAC overage	200.00
5/13/13	CTE Dan Rivera	72 Jefferson St. Lawrence, MA 01843	Donation	100.00
11/8/13	CTE Frank Moran	1104 Willow Street Lawrence MA 01841	Donation	100.00
9/13/13	Dr. David Rosen	310 Washington St. Suite 203 Wellesley, MA 02481	refund of 2012 donation overage	50.00
9/27/13	NARAL Pro-Choice MA PAC	41 Winter Street Suite 65 Boston, MA 02110	refund of 2012 PAC overage	200.00
4/15/13	Coma, Inc	1840 Embury Drive Berkeley, CA	telephone service line fee	26.09
4/29/13	Coma, Inc	↓	↓	7.42
5/13/13	Coma, Inc.			3.71
5/28/13	Coma, Inc.			3.71
6/13/13	Coma, Inc.			3.71
6/28/13	Coma, Inc.			3.71
Line 12: Total Expenditures over \$50 (or listed above)				773.35
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				773.35

Enter on page 1, line 4 →

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

SCHEDULE B: EXPENDITURES (continued) (p 2)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
7/15/13	Comcast, Inc.	1840 Embarcadero Dr. Palo Alto, CA	telephone line renewal fee	123.59	
7/20/13	Comcast, Inc.	↓	telephone line service fee	3.71	
8/13/13	Comcast, Inc.		telephone line service fee	3.71	
8/27/13	Comcast, Inc.			3.71	
9/13/13	Comcast, Inc.			3.71	
9/20/13	Comcast, Inc.			3rd telephone line renewal fee	123.59
10/28/13	Comcast, Inc.			telephone line service fee	3.72
11/27/13	Comcast, Inc.			telephone line service fee	3.72
12/27/13	Comcast, Inc.		↓	telephone line service fee	3.72
9/10/13	State Police Association of MA PAC		11 BEACON STREET SUITE 700 BOSTON, MA 02108	refund of 2012 PAC overage	500.00
4/25/13	USPS		10 STEWART STREET ANDOVER, MA 01810	PO BOX renewal	96.00
Line 12: Expenditures over \$50 (or listed above)				869.18	
Line 13: Expenditures \$50 and under* (not listed above) + (PI)				773.35	
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				1,642.53	

\* 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

<b>Line 15: In-Kind Contributions over \$50 (or listed above)</b>	
---	--

<b>Line 16: In-Kind Contributions \$50 &amp; under (not listed above)</b>	
---	--

Enter on page 1, line 6 →	<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	
---------------------------	---	--

\* 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

**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 OUTSTANDING LIABILITIES (ALL)**

— 0 —



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

RECEIVED  
TOWN CLERK'S OFFICE

Office of Campaign and Political Finance

2014 JAN -6 P 9:53

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:	Beginning Date:	Ending Date:
TOWN OF ANDOVER, MASS	1-1-2013	12-31-2013

Type of Report: (Check one)

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

Mary Keldie Lyman  
Candidate Full Name (if applicable)

Selectman  
Office Sought and District

50 School St Andover, MA  
Residential Address

Telephone Number (optional): (978) 470-2685

Committee to Elect Mary Lyman  
Committee Name

James Lyman  
Name of Committee Treasurer

50 School St Andover, MA  
Committee Mailing Address

Telephone Number (optional): (978) 470 2685

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	

#### 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: James M. Lyman (Treasurer's signature) Date: 1-6-2014

#### FOR CANDIDATE FILINGS ONLY: 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: Mary Lyman (Candidate's signature) Date: 1-6-2014

**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)

Line 9: Total Receipts over \$50 (or listed above)		← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	0	

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

**SCHEDULE A: RECEIPTS (continued)**

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>
<b>Line 9: Total Receipts over \$50 (or listed above)</b>			
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				0

Enter on page 1, line 4 →

\* 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
			Line 12: Expenditures over \$50 (or listed above)	
			Line 13: Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	①

\* 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
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				①

\* 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.





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK

2014 JAN 14

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:

Type of Report: (Check one)  
 8th day preceding preliminary   
 8th day preceding election   
 30 day after election   
 year-end report   
 dissolution

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="7,727.41"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="— 0 —"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="7,727.41"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="520.00"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="7,207.41"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="— 0 —"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="— 0 —"/>
Line 8: Name of bank(s) used:	<input type="text" value="Merrimack Valley Federal Credit Union"/>

**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: Elizabeth Bigelow (Treasurer's signature) Date:

**FOR CANDIDATE FILINGS ONLY: 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] (Candidate's signature) 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.*

**(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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		- 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under\* (not listed above)

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

← 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	Purpose of Expenditure	Amount
5/28/13	KOC 1078	10 Brook St. Andover, MA	Community Event	\$120.00
1/22/13	Lawrence General Hospital	1 General St. Lawrence, MA	Cardiac Program donation	\$100.00
5/28/13	Philoptochos Foundation	71 Chandler Rd. Andover, MA	Community Fundraiser	\$250.00
Line 12: Total Expenditures over \$50 (or listed above)				\$470.00
Line 13: Total Expenditures \$50 and under* (not listed above)				50.00
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>\$520.00</b>

\* 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
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>— 0 —</b>

Enter on page 1, line 4 →

\* 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 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 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	— 0 —



Commonwealth  
of Massachusetts

**Form CPF M 102-0: Campaign Finance Report** RECEIVED  
**Municipal Form** TOWN CLERK'S OFFICE  
Office of Campaign and Political Finance

2013 DEC 17 P 12:35

City or Town of: ANDOVER

TOWN OF ANDOVER, MASS.

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning	1	1	13	Ending	12	31

Type of Report: (Check One)

8th day preceding preliminary/primary     
  8th day preceding election     
  30th day following election (Town or Special)     
  20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

- I certify that I am a candidate for or hold Municipal Office.
- I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
12-17-13	Francis A O'Connor	22 RAILROAD ST #203	Andover Housing Authority





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2014 JAN 21 A 11:22

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: APRIL 16, 2013 Ending Date: DEC. 31, 2013

TOWN OF ANDOVER, MASS

Type of Report: (Check one)

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

PAUL J. SALAFIA  
Candidate Full Name (if applicable)

SELECTMAN - ANDOVER MASS  
Office Sought and District

283 So. Main St., ANDOVER MA 01816  
Residential Address

Telephone Number (optional): 978.475.3462

THE SALAFIA COMMITTEE  
Committee Name

SAMUEL J. CONCERNI  
Name of Committee Treasurer

283 So. Main St., ANDOVER MA 01816  
Committee Mailing Address

Telephone Number (optional): 978.475.3462

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2505.50</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2505.50</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2205.50</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>300.00</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>BANK OF NEW ENGLAND</u>

#### 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)

Date: 1/20/14

#### FOR CANDIDATE FILINGS ONLY: 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: \_\_\_\_\_ (Candidate's signature)

Date: 1/20/14

## 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	Purpose of Expenditure	Amount
7/2/13	PAUL J. SALAFIA	283 South Main ANDOVER, MA	REIMBURSEMENT for Campaign Expenses	2005.50
7/11/13	Raymond Brown		POLICE CHIEF Retirement Party	100.-
7/17/13	ANDOVER Village Improvement Society		Donation/ MEMBERSHIP	100.-
Line 12: Total Expenditures over \$50 (or listed above)				2205.50
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>2205.50</b>

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













Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

File with: City or Town Clerk of Election Commission

2014 JAN 15

Fill in Reporting Period dates: Beginning Date: 1-1-13 Ending Date: 12-31-13

TOWN OF ANDOVER, MASS

Type of Report: (Check one)

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

Ted Teichert  
Candidate Full Name (if applicable)

Selectman  
Office Sought and District

5 Dufton Road Andover, MA  
Residential Address

Telephone Number (optional): 978-475-8322

Committee to Elect Ted Teichert  
Committee Name

Ellen Lynch  
Name of Committee Treasurer

5 Dufton Rd Andover, MA  
Committee Mailing Address

Telephone Number (optional): 978-475-8322

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1,609.33</u>
Line 2: Total receipts this period (page 3, line 11)	<u>Ø</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1,609.33</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>302.50</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1,306.83</u>
Line 6: Total in-kind contributions this period (page 6)	<u>Ø</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>Ø</u>
Line 8: Name of bank(s) used:	<u>Santander (formerly Sovereign)</u>

1,306.83 (reel)

#### 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: Ellen Lynch (Treasurer's signature) Date: 1/13/14

#### FOR CANDIDATE FILINGS ONLY: 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] (Candidate's signature) Date: 1/15/14





## 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	Purpose of Expenditure	Amount
5-14-13	Andover Historical Society	Main St Andover, MA 01810	donation	100.00
5-23-13	Creative Living	368 S. Main St Andover, MA 01810	donation - Fundraising	100.00
5-23-13	Rotary Club of Andover	P.O. Box 1152 Andover, MA 01810	donation Citizens Who Care	65.00
Line 12: Total Expenditures over \$50 (or listed above)				265.00
Line 13: Total Expenditures \$50 and under* (not listed above)				37.50
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>302.50</b>

Enter on page 1, line 4 →

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

*Committee to Elect Ted Teichert*  
11/3/14









Commonwealth  
of Massachusetts

Form CPF 102ND: Campaign Finance Report  
Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE CPF ID# 15452  
1/13/2014

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place Rm. 411  
Boston, MA 02108  
(617) 979-8300

2014 JAN 21 A 11:47

Reporting Period: Beginning: 4/16/2013 Ending: 12/31/2013

TOWN OF ANDOVER, MASS

Type of Report: Year-End

Alex Vispoli  
Full Name of Candidate  
Selectman, Town of Andover  
Office Sought/ District  
7 Alison Way  
Andover, MA 01810  
Residential Address

Vispoli Committee  
Committee Name  
Michael Harvey  
Name of Committee Treasurer  
PO Box 55  
Andover, MA 01810  
Committee Address

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$3,680.50
Total receipts this period:	\$8,277.03
Subtotal:	\$11,957.53
Total expenditures this period:	\$1,660.46
Ending Balance:	\$10,297.07
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$19,000.00
Name of Bank Used:	Northmark Bank

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, inkind 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

1/13/14

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, and 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 and 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, inkind 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:

Candidate's signature (in ink)

Date

1/19/14

## 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.*

<b>Date</b>	<b>Name and Residential Address</b>	<b>Amount</b>	<b>Occupation and Employer</b>
11/2/2013	Alexandris, Maria 9 Prides Cir Andover, MA 01810	\$500.00	Construction Self
11/2/2013	Anderson, Linn 98 Abbot Street Andover, MA 01810	\$300.00	Retired Retired
11/13/2013	Arvidson, Eric 9 Arcadia Rd Andover, MA 01810	\$100.00	Doctor Essex Orthopaedics
11/2/2013	Baldwin, Mark 5 Prides Cir Andover, MA 01810	\$200.00	CEO Baldwin Crane
11/2/2013	Botti, Andrew 129 Chestnut St Andover, MA 01810	\$125.00	
11/2/2013	Botti, Lesa 129 Chestnut S. Andover, MA 01810	\$125.00	
11/2/2013	Coon, Gary 24 Summer St., Apt. 1 Andover, MA 01810	\$100.00	
12/20/2013	Cooper, Donald 4 Eagle Way Andover, MA 01810	\$200.00	Attorney Nixon Peabody
11/13/2013	Davis-Sheridan, Alida 175 Weyland Circle North Andover, MA 01845	\$200.00	Real Estate Management Self
11/2/2013	Forgue, Dennis 18 Reservation Rd Andover, MA 01810	\$200.00	Manager Andover Networking LLC
11/2/2013	Fossella, Innocenzo 15 Marie Dr Andover, MA 01810	\$200.00	Clothing Retailer Enzo of Andover
12/27/2013	Green, Richard 22 Village Rd Pepperell, MA 01463	\$200.00	Business Owner 1a Auto
11/2/2013	Hanes, Charles 3 Prides Cir Andover, MA 01810	\$200.00	VP Sales Simon Miller Sales
12/20/2013	Hyslip, Richard 7 Muirfield Circle Andover, MA 01810	\$100.00	
12/20/2013	Johnson, Lawrence 62 Abbot Street Andover, MA 01810	\$200.00	Physician Self
11/2/2013	Kaslow, John 14 Swain Lane Andover, MA 01810	\$100.00	Retired Retired
11/2/2013	Laplante, Marc 29 Durson Avenue Lawrence, MA 01843	\$50.00	

11/2/2013	Leonard, Jeffrey 15 Prides Cir Andover, MA 01810	\$200.00	Dentist Leonard Orthodontics
11/2/2013	Lewis, Janice 5 Alison Way Andover, MA 01810	\$200.00	Retired Retired
11/2/2013	Marden, Joanne 144 Argilla Rd Andover, MA 01810	\$100.00	
11/2/2013	McCarthy, Francis 11 College Cir Andover, MA 01810	\$200.00	Dentist Self
11/2/2013	Moffitt, Eugenie 68 Beacon Street Andover, MA 01810	\$250.00	Retired Retired
11/2/2013	Moffitt, John 68 Beacon Street Andover, MA 01810	\$250.00	Retired Retired
11/2/2013	Moore, Jonathan 11 Acropolis Drive Andover, MA 01810	\$100.00	
12/26/2013	O'Donoghue, Mary 69 Salem St Andover, MA 01810	\$500.00	Realtor William Raveis
11/2/2013	O'Hara, Abby 63 Central St Andover, MA 01810	\$300.00	Homemaker N/A
11/2/2013	O'Leary, Eugene 22 Algonquin Ave Andover, MA 01810	\$200.00	Doctor Reading Eye Associates
11/2/2013	Romano, Paul 11 Alston Way Andover, MA 01810	\$100.00	
12/20/2013	Stumpf, S. Jon 11 Stafford Lane Andover, MA 01810	\$100.00	
11/2/2013	Sullivan, Michael 8 Burlington St Lawrence, MA 01843	\$100.00	
11/2/2013	Tabit, Salim 12 Brook St Andover, MA 01810	\$200.00	Attorney Broadhurst Tabit Llc
12/20/2013	Torrise, Michael 38 High St Andover, MA 01810	\$100.00	
6/19/2013	Vispoli, Alex 7 Alison Way Andover, MA 01810	\$96.00	Sales Navisite
10/9/2013	Vispoli, Alex 7 Alison Way Andover, MA 01810	\$1,026.03	Sales Navisite
11/2/2013	Vispoli, Edith 80 Dogwood Ln Berkley Hts, NJ 07922	\$250.00	Retired Retired
11/2/2013	Vispoli, Louis 80 Dogwood Ln Berkley Hts, NJ 07922	\$250.00	Retired Retired

11/2/2013 Wadman, Elizabeth  
33 Bailey Rd  
Andover, MA 01810

\$200.00

Sales  
Talbots

---

11/2/2013 Zhu, Tong  
12 Prides Cir  
Andover, MA 01810

\$200.00

Portfolio Manager  
Acadian Asset Manageme

---

<b>Total Itemized Receipts:</b>	<b>\$8,022.03</b>
<b>Total Unitemized Receipts:</b>	<b>\$255.00</b>
<b>Total Receipts:</b>	<b>\$8,277.03</b>

## 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
6/19/2013	Andover Post Office Stevens St Andover, MA 01810	\$96.00	P.O. Box Fee
10/9/2013	Staples 73 Turnpike St North Andover, MA 01845	\$1,026.03	Printing and Postage
4/20/2013	Vispoli, Alex 7 Alison Way Andover, MA 01810	\$225.00	Liability repayment
4/20/2013	Vispoli, Alex 7 Alison Way Andover, MA 01810	\$157.43	Liability repayment
4/20/2013	Vispoli, Alex 7 Alison Way Andover, MA 01810	\$115.00	Liability repayment
4/20/2013	Vispoli, Alex 7 Alison Way Andover, MA 01810	\$41.00	Liability repayment
<b>Total Itemized Expenditures:</b>		<b>\$1,660.46</b>	
<b>Total Unitemized Expenditures:</b>		<b>\$0.00</b>	
<b>Total Expenditures:</b>		<b>\$1,660.46</b>	

## 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
2/16/2004	Vispoli (Loan), Alex 7 Alison Way Andover, MA 01810	\$1,000.00	Loan from candidate
4/12/2012	Vispoli (Loan), Alex 7 Alison Way Andover, MA 01810	\$18,000.00	Loan from candidate
<b>Total Liabilities:</b>		<b>\$19,000.00</b>	