



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: 01/01/13 Ending Date: 03-08-13

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)

Andover Housing Authority Bd of Commissioners
Office Sought and District

22 Arundel St, Andover
Residential Address

Telephone Number (optional): _____

Committee to Elect Janice Burkholder
Committee Name

Warren Burkholder
Name of Committee Treasurer

22 Arundel St, Andover
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:	<u>NONE</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:

[Signature] (Treasurer's signature)

Date: 03-01-13

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: 03-01-13



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE
2013 MAR 12 A 10:00

File with:
City or Town Clerk or Election Commission

TOWN OF ANDOVER, MASS 3/8/2013

Reporting Period - Beginning: 1/1/2013 Ending: 3/8/2013

Type of report: Pre-election

Sheila M Doherty

Full Name of Candidate

Moderator

Office Sought/ District

9 Juniper Road
Andover, MA 01810

Residential Address

The Doherty Committee

Committee Name

James D Doherty Jr

Name of Committee Treasurer

9 Endicott Road
Andover, MA 01810

Committee Address

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$420.36
Total receipts this period:	\$0.00
Subtotal:	\$420.36
Total expenditures this period:	\$0.00
Ending Balance:	\$420.36
Total in-kind contributions this period:	\$0.00
Total outstanding liabilities:	\$0.00
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, 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 (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 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, 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:



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: "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. 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
		\$0.00	
		\$0.00	
		\$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: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

RECEIVED
TOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date: A 11:58

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="818.9"/>
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="818.9"/>
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="818.9"/>
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"/>

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.

Date:



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

Please print or type all information, except signatures.

2013 MAR 18 12:21

Fill in dates:

Reporting Period Beginning

Month JAN

Date 1

Year 2013

Ending

Month MARCH

Date 8

Year 2013

Type of report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

PAUL J. SALAFIA

Full Name of Candidate (if applicable)

SELECTMAN - ANDOVER MA.

Office Sought and District

283 SOUTH MAIN ST. ANDOVER MA.

Residential Address

978-475-3462

Tel. No. (optional)

PAUL SALAFIA COMMITTEE

Committee Name

SAMUEL J. CONCERNI

Name of Committee Treasurer

283 SOUTH MAIN ST. ANDOVER MA.

Committee Mailing Address

978-475-3462

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report

\$ 98.86

Line 2: Total receipts this period (page 2, line 11)

\$ 1700.00

Line 3: Subtotal (line 1 plus line 2)

\$ 1,798.86

Line 4: Total expenditures this period (page 3, line 14)

\$ 102.-

Line 5: Ending balance (line 3 minus line 4)

\$ 1,696.86

Line 6: Total in-kind contributions this period (page 4)

\$ 0

Line 7: Total (all) outstanding liabilities (page 4)

\$ 2600.46

Line 8: Name of bank(s) used BANK OF NEW ENGLAND

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:

3-17-2013

Date

Treasurer's signature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

3/17/13

Date

Candidate signature (in ink)

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.

This page may be copied 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)
3/1/13	LINN ANDERSON	200 -	INVESTMENT BANKER
2/25/13	KEVIN BAGNALL, DDS	100 -	DENTIST
3/5/13	ANDREW CHABAN	250 -	REAL ESTATE DEVELOPER
3/1/13	LORENE COMEAU	150 -	DEVELOPER
2/28/13	KEVIN E. COUGHLIN	100 -	HOSPITAL ADMIN.
3/1/13	JAMES GRISLEY	50 -	
3/4/13	KAREN VANWELDEN-HERMAN	50 -	
3/5/13	MARK B. JOHNSON	100 -	ATTORNEY
3/4/13	DANIEL KOWALSKI	100 -	RISK ANALYST
2/28/13	ALLAN LIVINGSTON	50 -	RETAILER
3/1/13	MICHAEL MORRIS	50 -	ATTORNEY
3/5/13	WILLARD PERKINS	100 -	DEVELOPER
3/5/13	DAVID NELSON	50 -	
3/1/13 3/1/13	JEREMIAH O'SULLIVAN	100 -	
3/5/13	RICHARD SANTAGATI	250 -	RETIRED/CONSULTANT
Line 9: Total receipts in excess of \$50 (or listed above)			
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1,700 -	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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
Enter on page 1, line 6			Line 17: Total In-kind	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.

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
3/11	PAUL SALAFIA	283 So. Main St. ANDOVER, MA	MEETING EXPENSES	171.42
1/11	PAUL SALAFIA	"	INITIAL LOAN TO CAMPAIGN	500.00
2/11	PAUL SALAFIA	"	VARIOUS CAMPAIGN EXPS. ON CREDITCARD	678.64
3/5/13	PAUL SALAFIA	"	CAMPAIGN KICK-OFF PARTY - SALVATORE'S	1250.34
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	2600.40



Commonwealth
of Massachusetts

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

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

RECEIVED
TOWN CLERK'S OFFICE
CPF ID# 15452
3/18/2013
2013 MAR 19 A 11:59
TOWN OF ANDOVER, MASS

Reporting Period: Beginning: 1/1/2013 Ending: 3/8/2013

Type of Report: Pre-election

<u>Alex Vispoli</u> <i>Full Name of Candidate</i> <u>Selectman</u> <i>Office Sought/ District</i> <u>7 Alison Way</u> <u>Andover, MA 01810</u> <i>Residential Address</i>	<u>Vispoli Committee</u> <i>Committee Name</i> <u>Michael Harvey</u> <i>Name of Committee Treasurer</i> <u>PO Box 55</u> <u>Andover, MA 01810</u> <i>Committee Address</i>
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SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$999.51
Total receipts this period:	\$3,368.43
Subtotal:	\$4,367.94
Total expenditures this period:	\$1,386.32
Ending Balance:	\$2,981.62
<hr/>	
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$19,538.43
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

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

Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employer
2/25/2013	Anderson, Linn 98 Abbot Street Andover, MA 01810	\$100.00	
2/25/2013	Arvidson, Eric 9 Arcadia Rd Andover, MA 01810	\$100.00	
3/4/2013	Baldwin, Mark 5 Prides Cir Andover, MA 01810	\$200.00	CEO Baldwin Crane
2/25/2013	Cohen, Norma 9 Alison Way Andover, MA 01810	\$100.00	
3/4/2013	Davey, Mark 31 Linwood Street Andover, MA 01810	\$100.00	
2/25/2013	Doherty, James 9 Endicott Rd Andover, MA 01810	\$100.00	
3/4/2013	Foster, Elizabeth 65 Coach Road Dracut, MA 01826	\$100.00	
3/4/2013	Fuerst, Inga 100 Sunset Rock Road Andover, MA 01810	\$100.00	
3/4/2013	Giangrande, David 4 Sunset Rock Road Andover, MA 01810	\$100.00	
3/4/2013	Johnson, Mark 12 Chestnut Street Andover, MA 01810	\$100.00	
3/4/2013	Kowalski, Daniel 24 Enfield Drive Andover, MA 01810	\$100.00	
2/25/2013	Lucci, Deborah 276 Andover St Andover, MA 01810	\$250.00	Realtor Prudential Howe & Doh
3/4/2013	Moffitt, John 68 Beacon Street Andover, MA 01810	\$100.00	
3/4/2013	Perkins, Willard 28 Andover Street Andover, MA 01810	\$100.00	
3/4/2013	Sukiennik, Margaret 9 Whittemore Ter Andover, MA 01810	\$500.00	President Sunny Bear Academy
3/4/2013	Twomey, Paul 182 Summer Street Andover, MA 01810	\$150.00	
2/23/2013	Vispoli (Loan), Alex 7 Alison Way Andover, MA 01810	\$115.00	Sales Navisite

2/26/2013	Vispoli (Loan), Alex 7 Alison Way Andover, MA 01810	\$157.43	Sales Navisite
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3/4/2013	Wurts, Judy 7 Hammond Way Andover, MA 01810	\$100.00	
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Total Itemized Receipts:	\$2,672.43
Total Unitemized Receipts:	\$696.00
Total Receipts:	\$3,368.43

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
2/28/2013	Salvatore's 34 Park Street Andover, MA 01810	\$450.00	Selectman Campaign Kickoff
2/26/2013	Staples 73 Turnpike St North Andover, MA 01845	\$157.43	Office Supplies
2/23/2013	US Post Office 10 Stevens St Andover, MA 01810	\$115.00	Postage
2/25/2013	Vista Print 95 Hayden Ave Lexington, MA 02421	\$88.14	Campaign Flyers
2/26/2013	Vogel Printing 300 Canal St Lawrence, MA 01840	\$532.50	Signs
Total Itemized Expenditures:		\$1,343.07	
Total Unitemized Expenditures:		\$43.25	
Total Expenditures:		\$1,386.32	

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
2/23/2013	Vispoli (Loan), Alex 7 Alison Way Andover, MA 01810	\$115.00	Loan from candidate
1/4/2013	Vispoli (Loan), Alex 7 Alison Way Andover, MA 01810	\$41.00	Loan from candidate
2/26/2013	Vispoli (Loan), Alex 7 Alison Way Andover, MA 01810	\$157.43	Loan from candidate
4/12/2012	Vispoli (Loan), Alex 7 Alison Way Andover, MA 01810	\$18,000.00	Loan from candidate
7/11/2012	Vispoli (Loan), Alex 7 Alison Way Andover, MA 01810	\$225.00	Loan from candidate
2/16/2004	Vispoli (Loan), Alex 7 Alison Way Andover, MA 01810	\$1,000.00	Loan from candidate
Total Liabilities:		\$19,538.43	