



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE  
2015 MAR 17 5 58 PM  
TOWN OF ANDOVER, MASS.

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2015 Ending Date: 3/6/2015

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

DAVID BIENBACH  
Candidate Full Name (if applicable)  
Andover School Committee  
Office Sought and District  
86 Osgood St. Andover, MA  
Residential Address  
Telephone Number (optional): 978-590-0404

NONE  
Committee Name  
Name of Committee Treasurer  
Committee Mailing Address  
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>Ø</u>
Line 2: Total receipts this period (page 3, line 11)	<u>Ø</u>
Line 3: Subtotal (line 1 plus line 2)	<u>Ø</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>Ø</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>Ø</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>Ø</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: \_\_\_\_\_

**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 Bienbach (Candidate's signature) Date: 3/7/2015









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

\* 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. Page 6





Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK'S OFFICE 2015 MAR -9 A 10:09

File with: City or Town Clerk or Election Commission

TOWN OF ANDOVER MASS 3/6/2015

Reporting Period - Beginning: 1/1/2015 Ending: 3/6/2015

Type of report: Pre-election

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:

Treasurer's signature (in ink) [Handwritten Signature]

Date 3/6/15

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]

## 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 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	



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2015 MAR 10 P 3:19  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1 2015 Ending Date: March 6 2015

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

Marilyn M. Fitzgerald  
Candidate Full Name (if applicable)  
Asst. hands. Reg. Tech. Sch District Committee  
Office Sought and District  
25 Washington Ave Andover, MA 01810  
Residential Address  
Telephone Number (optional):

Committee to Elect Marilyn Fitzgerald  
Committee Name  
Michael Spring  
Name of Committee Treasurer  
16 Brady Loop Andover, MA 01810  
Committee Mailing Address  
Telephone Number (optional):

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)	- 0 -
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:	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: [Signature] (Treasurer's signature) Date: 3/6/15

**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: Marilyn M. Fitzgerald (Candidate's signature) Date: 3-6-2015















Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
CITY CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

Jan 1, 2015

Ending Date:

Mar 6, 2015

2015 MAR 16 A 10:22

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)

Town of Andover 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 Pien

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

0

Line 2: Total receipts this period (page 3, line 11)

2,720

Line 3: Subtotal (line 1 plus line 2)

2,720

Line 4: Total expenditures this period (page 5, line 14)

0

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

2,720

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: Enterprise 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:

*Irene Pien*

(Treasurer's signature)

Date: 3/12/2015

### 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: 3/12/2015

## 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)
Feb 14, 2015	Julie Childs 244 South Main St Andover, MA 01810	250	College Counselor, self employed
Feb 23, 2015	Patricia Commane 7 Hall Ave Andover, MA 01810	100	
Feb 19, 2015	Tina Girdwood 15 Tucker Rd Andover, MA 01810	150	
Feb 14, 2015	Samuel Howe 14 Woodland Rd Andover, MA 01810	150	
Feb 14, 2015	Gina Murray 3 Wescott Rd Andover, MA 01810	100	
Jan 30, 2015	Irene Plen 5 Athena Cir Andover, MA 01810	200	Preschool Teacher, Andover Country Day School
Feb 28, 2015	Shannon Scully 34 School St Andover, MA 01810	200	Engineer, Scully Consulting LLC
Feb 14, 2015	Susan Garth Stott 30 Pasho St Andover, MA 01810	100	
Feb 11, 2015	Timothy Vaill 9 Bancroft Rd Andover, MA 01810	500	Chief Financial Officer, Anbaric Transmission
Feb 12, 2015	Cary White 187 Chestnut St Andover, MA 01810	100	
Feb 14, 2015	Roberta Wilson 12 Samuel Way North Andover, MA 01845	500	Retired
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		2,350	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		370	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		2,720	← 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.











Charles Hanes



Commonwealth of Massachusetts

Form CPF M 102-0: Campaign Finance Report  
Municipal Form  
Office of Campaign and Political Finance

RECEIVED  
CLERK'S OFFICE

2015 MAR 10 A 10:20

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,	2015	Ending	March 6,	2015

Type of Report: (Check One)

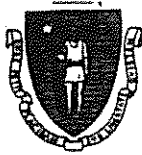
8th day preceding preliminary/primary
  8th day preceding election
  30th day following election (Town or Special)
  20th day of January (Year-End Report)

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
3/6	<i>Charles Hanes</i>	3 Prides Circle	Punchard Free School Trustee





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN OF ANDOVER  
2015 MAR 16 P 1:32  
TOWN CLERK'S OFFICE

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:  
Reporting Period Beginning 01 01 15 Ending 03 06 15

Type of report: (Check one)

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

DANIEL H KOWALSKI  
Full Name of Candidate (if applicable)  
SELECTMAN  
Office Sought and District  
24 ENFIELD DRIVE  
Residential Address  
ANDOVER MA 01810  
Tel. No. (optional)

\_\_\_\_\_  
Committee Name  
\_\_\_\_\_  
Name of Committee Treasurer  
\_\_\_\_\_  
Committee Mailing Address  
\_\_\_\_\_  
Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0  
Line 2: Total receipts this period (page 2, line 11) \$ 0  
Line 3: Subtotal (line 1 plus line 2) \$ 0  
Line 4: Total expenditures this period (page 3, line 14) \$ 1087  
Line 5: Ending balance (line 3 minus line 4) \$ -1087  
-----  
Line 6: Total in-kind contributions this period (page 4) \$ 100  
Line 7: Total (all) outstanding liabilities (page 4) \$ 0  
Line 8: Name of bank(s) used EASTERN 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

### 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:

Candidate signature (in ink)

Date

03/16/15





## 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
3/5/15	MARK SPENCER	13 SUNSET ROCK ANDOVER MA 01810	CAMPAIGN PHOTOGRAPH	\$ 100
Line 15: In-kind over \$50				\$ 100
Line 16: In-kind \$50 and under				—
<b>Line 17: Total In-kind</b>				\$ 100

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 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
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

73 File with City or Town Clerk or Election Commission  
77 MAR 16 A 11:15  
TOWN OF ANDOVER, MA

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

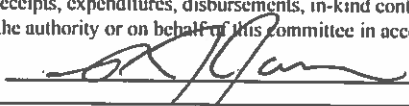
Name of Committee Treasurer

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="6,303.51"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="6,303.51"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="2,438.11"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="3,865.4"/>
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="Enterprise Bank"/>

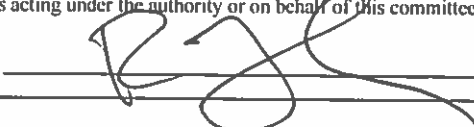
**Affidavit of Committee Treasurer:**  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, 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.

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)
	See attached Schedule A Committee to Elect Bob Landry		
Line 9: Total Receipts over \$50 (or listed above)		6,303.51	
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		6,303.51	← 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
	See attached Schedule B Committee to Elect Bob Landry			
<b>Line 12: Total Expenditures over \$50 (or listed above)</b>				2,438.11
<b>Line 13: Total Expenditures \$50 and under* (not listed above)</b>				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				2,438.11

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)				
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<b>0</b>

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 contribution is \$200 or more, you must also report the contributor's occupation and employer.



# Schedule A: Receipts (Committee to Elect Bob Landry)

## Occupation & Employer

Date	Amount	Last Name	First Name	Address	City	State	Zip	(for contributions of \$200 or more.)
2/9/2015	\$ 100.00	Alepa	Stephen	200 Chestnut Street	Andover	MA	01810	
3/2/2015	\$ 50.00	Alexrod	Jane	8 Moreland Ave	Andover	MA	01810	
2/10/2015	\$ 100.00	Alpert	Carlene	36 Algonquin Ave	Andover	MA	01810	
2/9/2015	\$ 50.00	BASSILAKIS	CONNIE	33 DASCOMB RD	Andover	MA	01810	
2/9/2015	\$ 25.00	Beinart	Daniel	130 Hidden Rd	Andover	MA	01810	
2/9/2015	\$ 50.00	Berman	Andrew	5 Marie Drive	Andover	MA	01810	
2/9/2015	\$ 50.00	Bigelow	Jack	10 Wabanaki Way	Andover	MA	01810	
2/12/2015	\$ 200.00	Bowab	John	18 Hemlock Road	Andover	MA	01810	VP Sales, TSI Touch, Uniontown, PA
2/13/2015	\$ 50.00	Brennan	Peter	7 Herrick Drive	Methuen	MA	01844	
2/11/2015	\$ 50.00	Callaway	Aaron	237 Highland Rd	Andover	MA	01810	
3/6/2015	\$ 75.00	Carriuolo	Stephen	6 Seminole Circle	Andover	MA	01810	
3/2/2015	\$ 25.00	Cavallaro	Sebastian	4578 Chat Court	Naples	FL	34119	
2/2/2015	\$ 100.00	Couture	Line	4 Seminole Circle	Andover	MA	01810	
2/8/2015	\$ 50.00	Couture	Line	4 Seminole Circle	Andover	MA	01810	
2/9/2015	\$ 100.00	Curtis	Jim	5 orchard st	Andover	MA	01810	
3/3/2015	\$ 50.00	Curtis	Jim	5 orchard	Andover	MA	01810	
3/6/2015	\$ 50.00	curtis	sue	5 orchard st	Andover	MA	01810	
2/12/2015	\$ 500.00	DeMichaelis	Kevin	17 Basswood Lane	Andover	MA	01810	Business Owner, State Garden, Inc.
2/3/2015	\$ 100.00	DiCenzo	Michael	15 North Street	Andover	MA	01810	
2/3/2015	\$ 50.00	Doxsey	Steve	10 Karlton Circle	Andover	MA	01810	
3/3/2015	\$ 250.00	Eames	C.	6 Fairway Drive	Andover	MA	01810	Conway Management, Nashua, NH; apartment rental manager
2/10/2015	\$ 200.00	Freedman	Alan	6 Penacook Place	Andover	MA	01810	CPA, self-employed
3/3/2015	\$ 100.00	Gifun	Jane	9 castle Heights Road	Andover	MA	01810	
2/5/2015	\$ 100.00	Giggey	Paul	3 Lavender Hill Lane	Andover	MA	01810	
2/3/2015	\$ 50.00	Gilbert	Mark	110 Colonial Drive	Andover	MA	01810	
3/2/2015	\$ 50.00	Goldsmith	Robert	4 Bayberry Lane	Andover	MA	01810	
2/7/2015	\$ 50.00	Ham	William	92 Wildwood Road	Andover	MA	01810	
2/10/2015	\$ 100.00	Hauser	Amy	7 Algonquin Ave.	Andover	MA	01810	
2/10/2015	\$ 100.00	Hoffman	Allan	22 Spring grove Road	Andover	MA	01810	
3/6/2015	\$ 50.00	Hout	David	10 Barrington Drive	Andover	MA	01810	
2/11/2015	\$ 100.00	Jackson	Richard	35 Algonquin Ave	Andover	MA	01810	

**Date**      **Amount**      **Last Name**      **First Name**      **Address**      **City**      **State**      **Zip (for contributions of \$200 or more.)**

3/5/2015	\$ 50.00	keenan	nigel	12 candlewood dr	Andover	MA	01810
2/27/2015	\$ 25.00	Landers	Joanne	277 N. Main Street	Andover	MA	01810
2/11/2015	\$ 100.00	Lareau	Eric	8 Pipers Glen	Andover	MA	01810
2/20/2015	\$ 50.00	Leeds	Jeff	3 Pilgrim Road	Andover	MA	01810
2/9/2015	\$ 100.00	Licata	Frank	5 Lamancha Way	Andover	MA	01810
2/7/2015	\$ 50.00	Macintire	Stuart	4 Buchan Road	Andover	MA	01810
2/10/2015	\$ 100.00	McDonough	Carol	6 Comanche Place	Andover	MA	01810
2/2/2015	\$ 100.00	Miller	Martha	47 Rattlesnake Hill Rd	Andover	MA	01810
2/3/2015	\$ 25.00	Nally	William	3 Stouffer Circle	Andover	MA	01810
2/3/2015	\$ 100.00	Nyham	James	2 Caleigh Court	Andover	MA	01810
2/3/2015	\$ 100.00	Paglia	Peter	3 Farnsworth Road	Andover	MA	01810
2/10/2015	\$ 50.00	Pappadopoulos	Spiro	19 Essex Street	Andover	MA	01810
2/24/2015	\$ 100.00	pasquale	david	5445 brookberry farm Rd	Winston Salem	NC	27106
3/1/2015	\$ 25.00	Pasquale	John	47B Whittier Road	Andover	MA	01810
1/30/2015	\$ 200.00	Quail	Matt	56 Porter Road	Andover	MA	01810 Sr. Mgr Logistics, Raytheon
3/6/2015	\$ 50.00	Ranalli	Shae	39 School Street	Andover	MA	01810
2/9/2015	\$ 50.00	Richards	Daniel	263 beacon st	Andover	MA	01810
1/30/2015	\$ 33.00	Robert	Landry	4 Seminole Circle	Andover	MA	01810
1/30/2015	\$ 100.94	Robert	Landry	4 Seminole Circle	Andover	MA	01810
2/4/2015	\$ 734.57	Robert	Landry	4 Seminole Circle	Andover	MA	01810 Insurance Broker, self-employed
3/6/2015	\$ 50.00	Roe	Efi	11 Arcadia Rd.	Andover	MA	01810
3/1/2015	\$ 75.00	roli	michael	2 college circle	Andover	MA	01810
3/2/2015	\$ 50.00	Seifer	Jeffrey	24 Belknap Dr.	Andover	MA	01810
2/10/2015	\$ 100.00	Sofia	Anthony	29 Gray Road	Andover	MA	01810
2/5/2015	\$ 100.00	Spangenberg	Susan	16 Leah Way	Andover	MA	01810
2/9/2015	\$ 100.00	Stack	Philip	9 Rogers Brook West	Andover	MA	01810
2/2/2015	\$ 100.00	Sullivan	Jeannie	5 Blueberry Hill Road	Andover	MA	01810
2/2/2015	\$ 25.00	Tovey	Pat	109 Jenkins Road	Andover	MA	01810
2/11/2015	\$ 50.00	Weiner	Andy	79 wildrose dr	Andover	MA	01810
2/9/2015	\$ 500.00	Williams	Ned	44 Holt Rd	Andover	MA	01810 Venture Capitalist, Brook Venture Capital
2/3/2015	\$ 35.00	Wilson	Herbert	19 Sagamore Drive	Andover	MA	01810

Grand Total      \$ 6,303.51

Net

## Schedule B: Expenditures (Committee to Elect Bob Landry)

Date	Amount	Purpose	Name	Address	City	State	Zipcode
1/30/2015	\$ 33.00	Logo Image	Getty Image	75 Varick Street	New York	NY	10013
1/30/2015	\$ 100.94	Business Cards	Minuteman Press	79 North Main Street	Andover	MA	01810
2/3/2015	\$ 65.30	Fundraising Fees	GoFundMe	1010 Second Ave Suite 1770	San Diego	CA	92101
2/4/2015	\$ 734.57	Post-it Note Ad	Eagle Tribune	100 Turnpike Street	North Andover	MA	01845
2/27/2015	\$ 897.81	Signs	Vogel Printing	P.O. Box 127	Lawrence	MA	01842
3/2/2015	\$ 350.00	Voter Lists	Data Mentor	2319-104 Oak Myrtle Lane	Wesley Chapel	FL	33544
3/6/2015	\$ 256.49	Fundraising Fees	FundRazr	171 Water Street	Vancouver	BC	V6B1A7
							Canada

As of 3/6/2015 **\$ 2,438.11**



Commonwealth  
of Massachusetts

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

TOWN CLERK'S OFFICE

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

CPF ID# 99999  
3/15/2015

2015 MAR 16 P 2:46

Reporting Period: Beginning: 1/1/2015 Ending: 3/6/2015

TOWN OF ANDOVER, MASS

Type of Report: Initial

Brian Major  
Full Name of Candidate  
Selectman  
Office Sought/ District  
11 Odyssey Way  
Andover, 01810  
Residential Address

Major Committee  
Committee Name  
Elizabeth Bigelow  
Name of Committee Treasurer  
10 Wabanaki Way  
Andover, MA 01810  
Committee Address

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$7,077.41
Total receipts this period:	\$3,495.00
Subtotal:	\$10,572.41
Total expenditures this period:	\$1,282.18
Ending Balance:	\$9,290.23
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of Bank Used:	MVF 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, 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:

Elizabeth Bigelow  
Treasurer's signature (in ink)

3/16/15  
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:

[Signature]  
Candidate's signature (in ink)

3/16/15  
Date

# Receipts Custom Report

Date	Name/Address	Occupation/Employer	Amount
3/4/2015	Alexandris, Greg & Maria 9 Prides Circle Andover, MA 01810		\$100.00
2/28/2015	Boulanger, David & Paula 10 Messinia Dr. Andover, MA 01810	Sr. Manager, North American Cloud Practice	\$250.00
2/28/2015	Coleman, Daniel & Marguerite 5 Spencer Court Andover, MA 01810		\$100.00
3/2/2015	Cormier, Raymond 31 Sunset Rock Rd. Andover, MA 01810	Developer, Ray Cormier Development	\$500.00
2/25/2015	Higginbottom, Paul 9 Village Ln. Methuen, MA 01844		\$100.00
3/5/2015	Knight, Scott & Dana 32 Greenwood Rd. Andover, MA 01810		\$100.00
3/6/2015	Lemay, Peter & Jean 7 Keystone Way Andover, MA 01810		\$100.00
3/2/2015	Melahn, William & Claire 18 Ballardvale Rd. Andover, MA 01810		\$100.00
3/4/2015	Menezes, Andy & Sally Connors 3 Waverly Dr. Andover, MA 01810		\$100.00
2/28/2015	Mergendahl, Christine 22 Alden Rd. Andover, MA 01810		\$100.00
2/28/2015	Nigh, Frank 11 Stevens Circle Andover, MA 01810	Adjunct Professor, Mass College of Art & Design	\$300.00
3/2/2015	O'Dea, Michael 6 Dairy Lane Andover, MA 01810		\$100.00
3/4/2015	Reardon, Sean & Deidra 5 Messinia Dr. Andover, MA 01810		\$100.00
3/4/2015	Spanos, Joe & Bethany 119 North St. Andover, MA 01810		\$100.00
3/6/2015	Torrison, Michael 38 High St. Andover, MA 01810		\$100.00

3/5/2015 Townson, Ellen  
23 Glenwood Rd. Andover, MA 01810

\$100.00

3/2/2015 Urbelis, Deborah  
6 Eastman Rd. Andover, MA 01810

housewife, self

\$200.00

**Grand Total**

**\$2,550.00**

## 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
	<b>Total Itemized Receipts:</b>	\$0.00	
	<b>Total Unitemized Receipts:</b>	\$3,495.00	
	<b>Total Receipts:</b>	\$3,495.00	

## 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:		\$1,282.18	
Total Expenditures:		\$1,282.18	

# Expenditures Custom Report

Date	Name/Address	Purpose	Amount
2/20/2015	Staples 73 Turnpike St. North Andover, MA 01845	Labels & Envelopes	\$124.59
2/21/2015	Andover Post Office Stevens St. Andover, MA 01810	Postage	\$833.00
2/25/2015	1059 Minuteman Press 79 North Main St. Andover, MA 01810	Letters and Cards	\$324.59
<b>Grand Total</b>			<b>\$1,282.18</b>



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:  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="2,035"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="2,035"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="140.62"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="1,894.38"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="247.70"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="2,485.94"/>
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: *N Allen* (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: *S McCready* (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)
2/11	Edward Melia 209 Ave G Redondo Beach, CA 90277	100.00	
2/25	Andrew Girdwood 15 Tucker Rd Andover, MA 01810	100.00	
2/28	Karen Carrinolo 6 Seminole Circle Andover, MA 01810	35.00	
2/21	Trish Gannon 18 Bonad Rd Winchester, MA 01890	25.00	
2/21	Mona Leveille 19 Acorn Dr Andover, MA 01810	100.00	
2/21	Mary DeFrancisco 8 Lavendar Hill Ln Andover, MA 01810	100.00	
2/22	Carina Schusterman 2 Robinswood Way Andover, MA 01810	25-	
2/22	Rene Hashem 13 Dawn circle Haverhill, MA 01832	100 -	
2/22	Valerie Moger 21 Exeter Way Andover, MA 01810	50 -	
2/23	Mary Schulz 5329 Main St, #301 Downer's Grove, IL 60515	100 -	
2/23	Sara Gault 141 Osquod St Andover, MA 01810	50-	
2/23	Paul Shannon 37 Russell Farm Dr Methuen, MA 01841	200 -	Administrator German Home
Line 9: Total Receipts over \$50 (or listed above)		985-	
Line 10: Total Receipts \$50 and under* (not listed above)		-	
Line 11: TOTAL RECEIPTS IN THE PERIOD		<del>985</del>	← 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)
2/23	Moniana Reedy 10 Dean Circle Andover, MA 01810	50-	
2/23	Joyce Shannon 4 Kerri Ann Circle Methuen, MA 01844	100	
2/23	Gina Murray 3 Wescott Rd Andover, MA 01810	100	
2/23	Yang Chen 4 Whiffletree Cir. Andover, MA 01810	100	
2/24	Jim Shannon 10 James Milton Rd North Reading, MA 01864	200	Retired
2/24	Melissa Longin 14 Wabanaki Way Andover, MA 01845	100	
2/25	Jennifer Srivastava 8 Endicott Rd Andover, MA 01845	50	
2/25	Eileen Shannon 91 Central St Andover, MA 01810	100	
2/26	Margaret Sullivan 77 Corbett St Andover, MA 01810	25	
2/26	Robert Gilleran 15 Dean Circle Andover, MA 01810	50	
3/2	Pamela Bedard 8 Preston Circle Andover, MA 01810	50-	
3/2	Shannon Witman 155 Osgood St Andover, MA 01810	25	
3/2	Susan McCready 8 Dean Circle Andover, MA 01810 (LOAN)	100 <del>100</del>	
Line 9: Total Receipts over \$50 (or listed above)		1050	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD <del>1050</del>		1050	\$ 2,035 ← 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
2/21-3/2	WePay	Online	Fees from online fundraising	140.62
<b>Line 12: Total Expenditures over \$50 (or listed above)</b>				140.62
<b>Line 13: Total Expenditures \$50 and under* (not listed above)</b>				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				140.62

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.

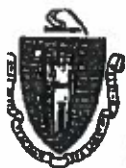
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
2/28/15	Aaron Allen	30 Wright Ave N. Andover, MA 01844	pine-for signs	30.10
3/8/15	Susan McCreedy	8 Dean Circle Andover, MA 01810	Home Depot - pine for signs	17.60
2/13/15	Jennessa Durrani	3 Lowell Junction Rd Andover, MA 01810	Design work for logo - Celebrate Events planning	200 -
Line 15: In-Kind Contributions over \$50 (or listed above)				247.70
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<b>247.70</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

*J.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
2/4/15	Susan McCreedy	8 Dean Circle Andover, MA 01810	Loan to Campaign to open Bank Account	100
2/17/15	Susan McCreedy	8 Dean Circle Andover, MA 01810	Signs for Advertising	929.69
3/3/15	Eagle Tribune Publishing Co.	100 Turnpike St North Andover, MA 01845	Advertising in Andover Townsman	1,456.25
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	2,485.94



Commonwealth of Massachusetts

# Form CPF M 102-0: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
CLERK'S OFFICE

2015 FEB 27 P 12:40

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,	2015	Ending	March 6,	2015

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 Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
2/27/15	<i>Frances A. Connor</i>	22 Railroad St., #203	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

2015 MAR -9 A 11:18

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/1/15 Ending Date: 3/16/15

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

Paul J. Properzio  
Candidate Full Name (if applicable)  
1 Year School Committee  
Office Sought and District  
15 Ballerhole Rd., Andover, MA 01810  
Residential Address  
Telephone Number (optional): 978-474-0195

School Committee  
Committee Name  
Name of Committee Treasurer  
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>\$ 210.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>210.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>210.00</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:	

**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: Paul J. Properzio (Candidate's signature) Date: 3/9/15

## SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/7/15	Paul J. Properzo 15 Ballerwale Rd. Andover, MA 01810	\$210.00	Teacher Retired
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>		\$210.00	← 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.





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE  
15 MAR 16 4:13 PM  
OFFICE OF ANDOVER

File with: City or Town Clerk or Election Commission

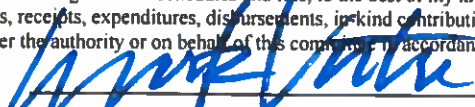
Fill in Reporting Period dates: Beginning Date:  Ending Date:

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):

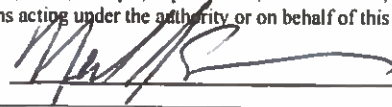
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="1,365.38"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1,365.38"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="998.78"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="366.6"/>
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="965.38"/>
Line 8: Name of bank(s) used:	<input type="text" value="Lowell Five"/>

**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)
02/26/2015	Hein, Kim 1113 Washington Street, Unit 2 Norwood, MA 02062	50	
02/26/2015	Hunter, Kim and Ed 7 Alderbrook Road Andover, MA 01810	100	
03/09/2015	Johnston, Phil 444 W. New England Avenue, Unit 305 Winter Park, FL 32789	50	
03/09/2015	McGrail, Eileen 75 Woodland Road Wrentham, MA 02093	50	
02/26/2015	McGrail, Mike 75 Woodland Road Wrentham, MA 02093	50	
03/06/2015	Papapetros, Nicholas 95 Champion Road North Andover, MA 01845	100	
03/06/2015	Neil Senior 14 Alderbrook Road Andover, MA 01810	965.38	
Line 9: Total Receipts over \$50 (or listed above)		1,165.38	
Line 10: Total Receipts \$50 and under* (not listed above)		200	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1,365.38</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
02/28/2015	Facebook, Inc.	1601 Willow Road Menlo Park, CA 94025-1452	Advertising	59.78
02/21/2015	Vista Print	Lexington, MA	Rack Cards	164.34
02/27/2015	Vista Print	Lexington, MA	Lawn Signs and Stands	698.99
Line 12: Total Expenditures over \$50 (or listed above)				923.11
Line 13: Total Expenditures \$50 and under* (not listed above)				75.67
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>998.78</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 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
03/06/2015	Neil Senior	14 Alderbrook Road Andover, MA 01810	Campaign	965.38
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	965.38



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:  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="0.00"/>	\$ 0.00
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="620.00"/>	620.00
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="620.00"/>	620.00
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="0.00"/>	0.00
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="620.00"/>	\$ 620.00
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="55.75"/>	\$ 55.75
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="773.02"/>	\$ 773.02
Line 8: Name of bank(s) used:	<input type="text" value="Eastern 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.

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)
2/28/15	Thomas J. Falcone 1328 Jenks Carpenter Road Cary, NC 27519-9506	\$500.00	Manufacturer, Syracuse Plastics
2/27/15	Peter Wojtkun, DMD 351 North Main Street, Unit 1 Andover, MA 01810	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$600.00	
Line 10: Total Receipts \$50 and under* (not listed above)		20.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$620.00</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 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
2/10/15	Kim Sousa	4 Montclair Avenue Andover, MA 01810	Election signs and Signholders - Prepaid to Vogel Printing Co., Inc.	\$ 555.85
2/13/15	Kim Sousa	4 Montclair Avenue Andover, MA 01810	Election Wrist Bands - Prepaid to Wrist-Band.com	104.99
2/27/15	Kim Sousa	4 Montclair Avenue Andover, MA 01810	Election Postcards - Prepaid to Vistaprint.com	83.18
2/28/15	Kim Sousa	4 Montclair Avenue Andover, MA 01810	Disposable coffee cups for voters & signholders - Prepaid to Amazon.com	29.00
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	<b>\$ 773.02</b>





# 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:  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="1159.33"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="3150.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="4309.33"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="2,100.22"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="2,209.11"/>
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="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:  (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:

RECEIVED  
 MUNICIPAL CLERK'S OFFICE  
 2015 MAR 11 11:22  
 TOWN OF ANDOVER, MASS.

## 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)
2/27/15	Cynthia and Lester Mencis 4 Glenn Cove Andover, MA 01810	\$50.00	
2/27/15	Ted Gould 172 Haverhill St Andover, MA 01810	\$50.00	
2/27/15	H. Charles Heseltine 180 Elm St Andover, MA 01810	\$50.00	
2/27/15	Jim and Karen Oppenheim 9 Alonesos Way Andover, MA 01810	\$50.00	
2/27/15	John Petty 10 Talbot Rd Andover, MA 01810	\$50.00	
2/27/15	Tim Felter 6 Millstone Circle Andover, MA 01810	\$50.00	
2/27/15	Dana Gould 242 Lowell St Andover, MA 01810	\$100.00	
2/27/15	Jane Gifun 9 Castle Heights Andover, MA 01810	\$100.00	
2/27/15	William MacDonald and Mary Cataudella 17 Ballardvale Rd Andover, MA 01810	\$100.00	
2/27/15	Arthur Barber 3 Sparta Way Andover, MA 01810	\$100.00	
2/27/15	John Moffit 68 Beacon St Andover, MA 01810	\$100.00	
2/27/15	Peter Comeau 6 Parnassus Place Andover, MA 01810	\$250.00	Self Employed Business Owner
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		\$1050.00	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		0.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		\$1050.00	← 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)
3/1/15	Frank Comparto 10 Fulton Rd Andover, MA 01810	\$100.00	
3/1/15	Mary Cavallaro 470 S Main St Andover, MA 01810	\$50.00	
3/1/15	Arthur Iworsley 8 Rindge Rd Andover, MA 01810	\$50.00	
3/1/15	Larry and Paula Lamagna 26 Blueberry Hill Rd Andover, Ma 01810	\$50.00	
3/1/15	Sean D'Urso 10 Southridge Cir Andover, MA 01810	\$100.00	
3/1/15	Bob Burke 8 Cobblestone Lane Andover, MA 01810	\$50.00	
3/1/15	Jeremiah O'Sullivan 398 S Main St Andover, Ma 01810	\$50.00	
3/1/15	Mike and Carolyn Shannon 10 Bancroft Rd Andover, MA 01810	\$50.00	
3/1/15	Charlie Alagero 13 William St Andover, MA 01810	\$50.00	
3/1/15	Helen and Paul King 10 Inwood Lane Andover, MA 01810	\$50.00	
3/1/15	Raymond Cormier 31 Sunset Rock Rd Andover, MA 01810	\$200.00	Self Employed Business Owner
3/1/15	Lisa and Ken Pustis 16 Dufton Rd Andover, MA 01810	\$50.00	
3/4/15	Scott and Sally Seero 2 Cheever Cir Andover, MA 01810	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$950.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		\$950.00	← 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

*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)
3/4/15	Maria and Greg Alexandris 9 Prides Cir Andover, MA 01810	\$600.00	Self Employed Business Owner
3/4/15	Joe and Bethany Spanos 119 North St Andover, Ma 01810	\$100.00	
3/4/15	Michael Roli 2 College Cir Andover, MA 01810	\$75.00	
Line 9: Total Receipts over \$50 (or listed above)		\$775.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$375.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$1150</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
2/16/15	Staples	176 South Broadway Salem, NH 03079	Envelopes for mailing	\$204.24
2/17/15	Staples	73 Turnpike St No Andover, MA 01845	Labels for mailing	\$3.94
2/20/15	US Post Office	Stevens St Andover, MA 01810	Postage for mailing	\$735.00
2/18/15	Vogel Printing	PO Box 127 Lawrence, MA 01842	Campaign Signs	\$684.78
3/3/15	Vogel Printing	PO Box 127 Lawrence, MA 01842	Campaign Sigs	473.77 <del>475.00</del>
Line 12: Total Expenditures over \$50 (or listed above)				2102.96 <del>2102.96</del>
Line 13: Total Expenditures \$50 and under* (not listed above)				0.0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2102.96 <del>2102.96</del>

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.





