



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

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

DATE 01/25/2021 BY SP1/ML/STW

City or Town of **ANDOVER**

Reporting Period Beginning: 01/01/2021

Ending: 03/31/2021

ANDOVER

TOWNSHIP ANDOVER, NJ

Type of Report (Check One)

Sunday preceding primary election  
 Sunday preceding election  
 Sunday following election (down or special)  
 20th day of January (Year-End report)

Pursuant to N.J.A.C. 17:27

- I certify that I am a candidate for or currently 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  
3/6/21

PRINT NAME  
ME, ISSA M DANISCH

SIGNATURE  
Signed under the penalties of perjury

RESIDENTIAL ADDRESS  
(Street and Number)  
16 BRADLEY RD

OFFICE OF THE  
TRUSTEE RICHARD FREE

SCHOOL



Commonwealth  
of Massachusetts

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

RECEIVED  
TOWN CLERK'S OFFICE

2021 MAR -9 PM 5:25

CPF ID# 17434

TOWN OF ANDOVER, MASS

FIRM WITH: DIRECTOR  
Office of Campaign and Political Finance  
One Ashburton Place, Rm. 411  
Boston, MA 02108  
Tel: 319-8360

Reporting Period: Beginning: 1/1/2021 Ending: 3/5/2021

Type of Report: 2021 Pre-election Report

Doherty, Sheila  
Full Name of Candidate  
Municipal, Local Filer  
Office Sought/ District  
9 Juniper Road  
Andover, MA 01810  
Residential Address

Doherty Committee  
Committee Name  
James Doherty  
Name of Committee Treasurer  
45 Martingale Lane  
Andover, MA 01810  
Committee Address

**SUMMARY BALANCE INFORMATION**

Ending balance from previous report:	\$268.89
Total receipts this period:	\$0.00
Subtotal:	\$268.89
Total expenditures this period:	\$0.00
Ending Balance:	\$268.89
Total in-kind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of Bank Used:	\$0.00

**Affidavit of Committee Treasurer:**

I certify that I have examined this report, including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

James Doherty  
Treasurer's signature (in ink)

Date 3/8/21

**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:

Candidate's signature (in ink)

Date 3/8/21



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2021 MAR 22 AM 11:00

Fill in Reporting Period dates: Beginning Date: Jan 1, 2021 Ending Date: MARCH 5, 2021  
File with: City or Town Clerk or Election Commission

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)  
Gr. Lawrence Reg. Voc. Tech. Sch. Comm  
Office Sought and District  
25 Washington Ave, Andover MA  
Residential Address  
E-mail: ahscoach@tcomcast.net  
Phone # (optional): 978 806 6532

Committee to Elect Marilyn Fitzgerald  
Committee Name  
Michael Spring  
Name of Committee Treasurer  
16 Brady Loop Andover MA  
Committee Mailing Address  
E-mail: CPFA@SPRINGMIKE16@GMAIL.COM  
Phone # (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: 3-15-2021

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

**Candidate with 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 that are not otherwise disclosed in this report.

**Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 3-15-21

## SCHEDULE A: RECEIPTS

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

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

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

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

← Enter on page 1, line 2

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

**SCHEDULE A: RECEIPTS (continued)**

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

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

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

**Line 11: TOTAL RECEIPTS IN THE PERIOD**      0

← Enter on page 1, line 2

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

## SCHEDULE B: EXPENDITURES

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

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

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

Enter on page 1, line 4 →

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

**SCHEDULE B: EXPENDITURES (continued)**

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

Enter on page 1, line 4 →

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

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

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

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.





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

FILED WITH CITY OR TOWN CLERK, BOARD OF SELECTMEN  
ANDOVER, MASS  
2021 MAR 22 AM 9:26

Fill in Reporting Period dates: Beginning Date: January 1, 2021 Ending Date: March 5, 2021

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 Selectboard  
Office Sought and District  
12 Gray Road, Andover, MA 01810  
Residential Address  
E-mail:  
Phone # (optional):

Committee to Elect Annie Gilbert  
Committee Name  
Sara A.W. Blais  
Name of Committee Treasurer  
12 Coventry Lane, Andover, MA 01810  
Committee Mailing Address  
E-mail:  
Phone # (optional):

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	184.99
Line 3: Subtotal (line 1 plus line 2)	184.99
Line 4: Total expenditures this period (page 5, line 14)	184.99
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)	184.99
Line 8: Name of bank(s) used:	Citizens 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: Sara A.W. Blais (Treasurer's signature) Date: 3/15/21

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with 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 that are not otherwise disclosed in this report.

**Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.  
Signed under the penalties of perjury: Annie Gilbert (Candidate's signature) Date: 3/15/21

## 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)
Mar 2, 2021	Gilbert, Ann - LOAN 12 Gray Road Andover, MA 01810	184.99	
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		184.99	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		184.99	← 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)
<b>Line 9: Total Receipts over \$50 (or listed above)</b>			
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← Enter on page 1, line 2

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

## SCHEDULE 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
Mar 2, 2021	Potter's Printing	207 Pocasset Street Fall River, MA 02721	lawn signs	178.99
Line 12: Total Expenditures over \$50 (or listed above)				178.99
Line 13: Total Expenditures \$50 and under* (not listed above)				6
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>184.99</b>

Enter on page 1, line 4 →

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









Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

FILE WITH:  
TOWN CLERK'S OFFICE

File with: City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2021 Ending Date: 3/15/2021

Type of Report: (Check one)

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

Daniel T. Grams  
Candidate Full Name (if applicable)

Andover Housing Authority  
Office Sought and District

28 Corbett St. Andover, MA 01810  
Residential Address

E-mail: Dannygrams@gmail.com

Phone # (optional): 978 886 0928

Friends of Daniel Grams  
Committee Name

Joshua E. Dullal  
Name of Committee Treasurer

28 Corbett St. Andover, MA 01810  
Committee Mailing Address

E-mail: joshua@dullal.org

Phone # (optional): 978 270 1911

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$1,742.45</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>\$1,742.45</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>Santander</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: Joshua E. Dullal (Treasurer's signature) Date: 3/13/2021

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

**Candidate with 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 that are not otherwise disclosed in this report.

**Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Daniel T. Grams (Candidate's signature) Date: 3/13/2021

## 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)

TOWN OF ANCHORAGE, MASS  
 FEB 15 10:31:12  
 TOWN OF ANCHORAGE, MASS

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

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

**Line 11: TOTAL RECEIPTS IN THE PERIOD** 0

← Enter on page 1, line 2

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

**SCHEDULE A: RECEIPTS (continued)**

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

RECEIVED  
 FEBRUEN 15 11 3:43  
 TOWN OF ANDOVER, MASS

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

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

**Line 11: TOTAL RECEIPTS IN THE PERIOD**      0

← Enter on page 1, line 2

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

## SCHEDULE 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

RECEIVED  
 JAN 15 11 31 AM '12  
 TOWN OF ANDOVER MASS

RECEIVED  
 JAN 15 11 31 AM '12  
 TOWN OF ANDOVER MASS

Line 12: Total Expenditures over \$50 (or listed above) 0

Line 13: Total Expenditures \$50 and under\* (not listed above) 0

Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD** 0

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



## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

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

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

### SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	0

REGISTERED  
 OFFICE  
 COMMONWEALTH OF MASSACHUSETTS  
 JAN 15 2023  
 PH 3 43



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2021 MAR 23 PM 4:35

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2021 Ending Date: Mar 5, 2021

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

Christian C. Huntress  
 Candidate Full Name (if applicable)  
 Select Board, Andover, MA  
 Office Sought and District  
 17 Tewksbury Street, Andover, MA 01810  
 Residential Address  
 E-mail: \_\_\_\_\_  
 Phone # (optional): \_\_\_\_\_

Committee to Elect Christian Huntress  
 Committee Name  
 John Klely  
 Name of Committee Treasurer  
 PO Box 4103, Andover, MA 01810  
 Committee Mailing Address  
 E-mail: \_\_\_\_\_  
 Phone # (optional): \_\_\_\_\_

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	421.1
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	421.1
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	421.1
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	1,000
Line 8: Name of bank(s) used:	Northmark Bank - Andover

**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: John Klely (Treasurer's signature) Date: Mar 15, 2021

**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: Christian C. Huntress (Candidate's signature) Date: 03/15/2021

## SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
<b>Line 9: Total Receipts over \$50 (or listed above)</b>			
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← Enter on page 1, line 2

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





**SCHEDULE B: EXPENDITURES (continued)**

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

Enter on page 1, line 4 →

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

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

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

\* 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

### 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
12/18/2017	Christian HUntress	17 Tewksbury Street Andover, MA 01810	Candidate Loan	1,000
Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				1,000



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

SEP 15 PM 12:00

Fill in Reporting Period dates:

Beginning Date:

1/1/21

Ending Date:

3/15/21

Type of Report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

Susan McCready  
Candidate Full Name (if applicable)

School Committee  
Office Sought and District

8 Dean Circle, Andover MA 01810  
Residential Address

Telephone Number (optional): 978-623-9993

Committee to elect Susan McCready  
Committee Name

Gina Murray  
Name of Committee Treasurer

3 Wescott Rd, Andover MA 01810  
Committee Mailing Address

Telephone Number (optional): 978-474-9344

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 1,511.51
Line 2: Total receipts this period (page 3, line 11)	\$ 1,000.00
Line 3: Subtotal (line 1 plus line 2)	\$ 2,511.51
Line 4: Total expenditures this period (page 5, line 14)	- 0 -
Line 5: Ending Balance (line 3 minus line 4)	\$ 2,511.51
Line 6: Total in-kind contributions this period (page 6)	- 0 -
Line 7: Total (all) outstanding liabilities (page 7)	\$ 5,049.12
Line 8: Name of bank(s) used:	DCU

#### 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: 3/12/21

#### 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: 3/15/21

## 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)
2/1/21	Dan Poin Dexter 11 Paulonette Cr. Andover, MA	\$150.00	
2/3/21	Judith Esquin 3 Athena Circle Andover, MA	\$100.00	
2/4/21	Barry Finegold 4a Stirling St. Andover, MA	\$250.00	Attorney
2/11/21	Steve & Fran Fink 26 Bateson Dr. Andover, MA	\$500.00	Retired
Line 9: Total Receipts over \$50 (or listed above)		\$1,000	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,000	← 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.

Committee to elect Susan McCreedy for SC

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← Enter on page 1, line 2

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

Committee to elect Susan McCready for SC.

## SCHEDULE B: EXPENDITURES

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

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

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

Enter on page 1, line 4 →

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

Committee to elect Susan McCready for SC

**SCHEDULE B: EXPENDITURES (continued)**

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

Enter on page 1, line 4 →

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

*Committee to elect Susan McCready for SC*

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

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

\* 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.

*Committee to elect Susan McCready for SC*

### 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
2/14/15	Susan McCready	8 Dean Circle Andover, MA 01810	2015 Campaign Signs	\$929.67
2/14/15	Susan McCready	8 Dean Circle Andover, MA 01810	Loan to Campaign to open Bank acct	\$100.00
3/13/15	Susan McCready	8 Dean Circle Andover, MA 01810	Stamp costs (remaining from 2015 Campaign)	\$326.64 <del>26</del>
1/29/18	Susan McCready	8 Dean Circle Andover, MA 01810	2018 Signs & Campaign stakes	\$999.43
3/1/18	Susan McCready	8 Dean Circle Andover, MA 01810	6 x 9 Postcard mailing	\$417.55
3/2/18	Susan McCready	8 Dean Circle Andover, MA 01810	postage for 6 x 9 postcard mailing	\$2,001.25
3/4/18	Susan McCready	8 Dean Circle Andover, MA 01810	4x6 Friend to Friend Cards	239.06
3/6/18	Susan McCready	8 Dean Circle Andover, MA 01810	Postage expenses	\$35.00
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	\$5,049.12

Committee to elect Susan McCready for SC



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2021 MAR 11 AM 11:25

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2021 Ending Date: 03/10/2021

Type of Report: (Check one)

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

Tracey E. Spruce  
Candidate Full Name (if applicable)

Town of Andover School Committee  
Office Sought and District

23 Woodhaven Drive Andover, MA 01810  
Residential Address

E-mail: spruce10@gmail.com

Phone # (optional): 978-475-6802

Committee to Elect Tracey Spruce  
Committee Name

Vanessa Weisman  
Name of Committee Treasurer

9 Coventry Lane, Andover, MA 01810  
Committee Mailing Address

E-mail: vanebewe@gmail.com

Phone # (optional): 917-693-6914

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	\$100
Line 2: Total receipts this period (page 3, line 11)	\$3,340
Line 3: Subtotal (line 1 plus line 2)	\$3,440
Line 4: Total expenditures this period (page 5, line 14)	\$1,118.73
Line 5: Ending Balance (line 3 minus line 4)	\$2,321.27
Line 6: Total in-kind contributions this period (page 6)	N/A
Line 7: Total (all) outstanding liabilities (page 7)	N/A
Line 8: Name of bank(s) used:	Citizens 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: Vanessa Weisman (Treasurer's signature) Date: 03/10/2021

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with 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 that are not otherwise disclosed in this report.

**Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Tracey Spruce (Candidate's signature) Date: 03/11/2021

## 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)
1/1/2021	Sara Blais 12 Coventry Lane Andover, MA 01810	\$100	
1/2/2021	Nancy Buckley 112 High Plain Road Andover, MA 01810	\$100	
2/1/2021	Kristen DeAngelo 13 Hansom Road Andover, MA 01810	\$250	Attorney
2/2/2021	Judith Eskin 3 Athena Circle Andover, MA 01810	\$100	
2/1/2021	Thomas Esposito 129 Rattlesnake Hill Road Andover, MA 01810	\$100	
2/3/2021	Barry Finegold 42 Stirling Street Andover, MA 01810	\$500	Attorney, Dalton & Finegold, LLP
2/11/2021	Steve and Fran Fink 26 Bateson Drive Andover, MA 01810	\$500	Retired
1/2/2021	Melissa Marrama 24 Powers Road Andover, MA 01810	\$100	
1/3/2021	Amy Elizabeth Matuza 40 Reservation Road Andover, MA 01810	\$100	
1/1/2021	Dara Obbard 6 Marie Drive Andover, MA 01810	\$150	
1/2/2021	Nguyen Tram PO Box 216 Andover, MA 01810	\$100	
1/2/2021	Evan Fray-Wtizer 27 Burlington Street Lexington MA 02420	\$100	
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		<b>\$2,200</b>	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		<b>\$940</b>	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>Total is on page 3</b>	← Enter on page 1, line 2

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

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/2/2021	Kelly Yannalfo 92 North Street Andover, MA 01810	\$100	
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		\$100	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		\$3,340	← 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
2/11/2021	Potter's Printing	207 Pocasset Street Fall River, MA 02721	Campaign Signs	\$1,032.07
<b>Line 12: Total Expenditures over \$50 (or listed above)</b>				
<b>Line 13: Total Expenditures \$50 and under* (not listed above)</b>				<b>\$86.66</b>
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>\$1,118.73</b>

Enter on page 1, line 4 →

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

**SCHEDULE B: EXPENDITURES (continued)**

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

Enter on page 1, line 4 →

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

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
<b>Line 15: In-Kind Contributions over \$50 (or listed above)</b>				
<b>Line 16: In-Kind Contributions \$50 &amp; under (not listed above)</b>				
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</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 D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				

