



**Form CPF 102 PC: Campaign Finance Report
Political Action Committee or People's Committee
Office of Campaign and Political Finance**

Commonwealth
of Massachusetts

RECEIVED
CLERK'S OFFICE

2011 APR 19 P 4: 04

File with: Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300
www.mass.gov/ocpf

CPF ID#: ANDOVER, MASS

Fill in Reporting Period dates: Beginning Date: MARCH 5, 2011
Jan 1, 2011 Ending Date: APRIL 11, 2011
Mar 4, 2011

Type of Report: (Check one)

8th day preceding primary 8th day preceding election year-end report dissolution other (specify) 30 day after election

Andover Citizens for Fiscal Responsibility
Committee Name

Jennifer Boshar
Name of Committee Treasurer

159 Holt Road, Andover, MA 01810
Committee Mailing Address

Telephone Number (optional): (978) 475-8913

| SUMMARY BALANCE INFORMATION: | |
|--|--------|
| Line 1: Ending Balance from previous report | \$0.00 |
| Line 2: Total receipts this period (page 3, line 11) | \$0.00 |
| Line 3: Subtotal (line 1 plus line 2) | \$0.00 |
| Line 4: Total expenditures this period (page 5, line 14) | \$0.00 |
| Line 5: Ending Balance (line 3 minus line 4) | \$0.00 |
| Line 6: Total in-kind contributions this period (page 6) | \$0.00 |
| Line 7: Total (all) outstanding liabilities (page 7) | \$0.00 |
| Line 8: Name of bank(s) used: | None |

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: Apr 15, 2011



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: Ending Date: APR 19 10:22

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="\$188.56"/> |
| Line 2: Total receipts this period (page 3, line 11) | <input type="text" value="\$58.14"/> |
| Line 3: Subtotal (line 1 plus line 2) | <input type="text" value="\$246.70"/> |
| Line 4: Total expenditures this period (page 5, line 14) | <input type="text" value="\$246.70"/> |
| Line 5: Ending Balance (line 3 minus line 4) | <input type="text" value="\$0.00"/> |
| Line 6: Total in-kind contributions this period (page 6) | <input type="text" value="\$0.00"/> |
| Line 7: Total (all) outstanding liabilities (page 7) | <input type="text" value="\$0.00"/> |
| Line 8: Name of bank(s) used: | <input type="text" value="Bank of America"/> |

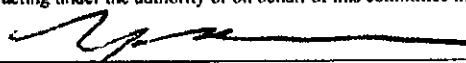
Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind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

Signed under the penalties of perjury: _____ (Treasurer's signature) Date:

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

Candidate with Committee and no activity independent of the committee
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:  (Candidate's signature) Date:



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CLERK'S OFFICE

2011 APR 14 4/13/2011 14

ANDOVER, MASS

File with:
City or Town Clerk or Election Commission

Reporting Period - Beginning: 3/5/2011 Ending: 4/11/2011

Type of report: 30 day after election

| | |
|---|--|
| Sheila M Doherty <i>Full Name of Candidate</i> | The Doherty Committee <i>Committee Name</i> |
| Moderator <i>Office Sought/ District</i> | James D Doherty Jr <i>Name of Committee Treasurer</i> |
| 9 Juniper Road Andover, MA 01810 <i>Residential Address</i> | 9 Endicott Road Andover, MA 01810 <i>Committee Address</i> |

SUMMARY BALANCE INFORMATION

| | |
|--|----------------|
| Ending Balance from previous report: | \$420.36 |
| Total receipts this period: | \$0.00 |
| Subtotal: | \$420.36 |
| Total expenditures this period: | \$0.00 |
| Ending Balance: | \$420.36 |
| Total in-kind contributions this period: | \$0.00 |
| Total outstanding liabilities: | \$0.00 |
| Name of bank(s) used: | Northmark Bank |

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

Affidavit of Candidate (check 1 box only) :

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report, and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

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

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

Signed under the penalties of perjury:

Schedule A: Receipts

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

| Date | Name and Residential Address | Amount | Occupation and Employe |
|------|------------------------------|--------|------------------------|
| | Total Itemized Receipts | \$0.00 | |
| | Total Unitemized Receipts | \$0.00 | |
| | Total Receipts | \$0.00 | |

Schedule B: Expenditures

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

| Date | Name and Address | Amount | Purpose |
|------|-------------------------------|--------|---------|
| | Total Itemized Expenditures | \$0.00 | |
| | Total Unitemized Expenditures | \$0.00 | |
| | Total Expenditures | \$0.00 | |

Schedule D: Liabilities

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

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



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CITY CLERK'S OFFICE

2011 APR 21 P 2: 21

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="690.78"/> |
| Line 2: Total receipts this period (page 3, line 11) | <input type="text" value="275.00"/> |
| Line 3: Subtotal (line 1 plus line 2) | <input type="text" value="965.78"/> |
| Line 4: Total expenditures this period (page 5, line 14) | <input type="text" value="892.76"/> |
| Line 5: Ending Balance (line 3 minus line 4) | <input type="text" value="73.02"/> |
| Line 6: Total in-kind contributions this period (page 6) | <input type="text"/> |
| Line 7: Total (all) outstanding liabilities (page 7) | <input type="text" value="1000.00"/> |
| 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: Catherine M. Healey (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: Dennis F. Forgue (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) |
|--|---|----------|---|
| 3/24 | John Moffitt 66 Beacon St Andover MA | \$100.00 | |
| 3/17 | Nick & Laura Gregory 5 Embassy Lane, Andover MA | \$100.00 | |
| 3/20 | M & T Jennings 21 Beech Cir Andover MA | \$25.00 | |
| 3/28 | Kathy Rickards J Scott Rickards 8 Starwood Xing Andover MA | \$50.00 | |
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| Line 9: Total Receipts over \$50 (or listed above) | | \$275.00 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | \$275.00 | ← 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 B: EXPENDITURES

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

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

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|--|--|---|------------------------|-----------|
| 3/5/11 | CR Signs | 52 Main St North Reading Andover MA | Sign frames | \$ 425.00 |
| 3/14/11 | Andover Townsman | 33 Chestnut St Andover MA | advertising | \$ 202.05 |
| 3/14/11 | Minuteman Press | 79 N Main St Andover MA | printing | \$ 211.21 |
| 3/15/11 | USPS (Andover) | 20 Main St Andover MA | stamps | \$ 352.00 |
| 3/15/11 | Staples (North Andover) | 73 Turnpike St North Andover | printing | \$ 85.00 |
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| Line 12: Total Expenditures over \$50 (or listed above) | | | | \$ 892.76 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | \$ 892.76 |

Enter on page 1, line 4 →

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

SCHEDULE D: LIABILITIES

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

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|---------------------------|----------------------------------|--------------------------------------|---|-----------------|
| 2/25/2008 | Dennis Forgele 1 ^o | 18 Resevation Rd Andover MA 01810 | loan from candidate | 500.00 |
| 1/31/2008 | Dennis Forgele | 18 Resevation Rd Andover MA 01810 | load from candidate | 500.00 |
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| Enter on page 1, line 7 → | | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | 1,000.00 |



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
CLERK'S OFFICE

2011 APR 19 AM 11:31
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="2647.18"/> |
| Line 3: Subtotal (line 1 plus line 2) | <input type="text" value="2647.18"/> |
| Line 4: Total expenditures this period (page 5, line 14) | <input type="text" value="2412.18"/> |
| Line 5: Ending Balance (line 3 minus line 4) | <input type="text" value="235.00"/> |
| Line 6: Total in-kind contributions this period (page 6) | <input type="text" value="484.00"/> |
| Line 7: Total (all) outstanding liabilities (page 7) | <input type="text" value="262.27"/> |
| Line 8: Name of bank(s) used: | <input type="text" value="DIGITAL FEDERAL CREDIT UNION"/> |

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

Signed under the penalties of perjury: (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) |
|--|---|---------|---|
| 3/7/11 | DONALD GOTTFRIED 41 NEW ST ANDOVER, MA | 262.27 | Financial Adviser The Bullfinch Group |
| 3/8/11 | " | 2032.03 | " |
| 3/15/11 | " | 10.00 | " |
| 3/16/11 | " | 68.28 | " |
| 3/18/11 | " | 39.60 | " |
| 3/12/11 | JEAN AMSTERDAM STEVENS ST. ANDOVER, MA | 50.00 | |
| 3/12/11 | PATRICIA BUISVOLT 5 WINCHESTER AVE. BRADFORD, MA | 50.00 | |
| 3/12/11 | JAN BUCHTA 21 HIGHLAND AVE LEXINGTON, MA 02421 | 100.00 | |
| 3/12/11 | JOHN ZIPETO 14 CANTONMENT ST ANDOVER, MA | 35.00 | |
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| | | | |
| Line 9: Total Receipts over \$50 (or listed above) | | 2647.18 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 2647.18 | ← Enter on page 1, line 2 |

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

SCHEDULE B: EXPENDITURES

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

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

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|--|--|---------------------------------|------------------------|----------------|
| 3/7/11 | OVERNIGHT PRINTS | OVERNIGHTPRINTS.COM | MAILBOX POST CARDS | 262.77 |
| 3/8/11 | RS SIGNS | MAIN ST. READING, MA | LAWN SIGNS | 2032.03 |
| 3/15/11 | TOWN OF ANDOVER | BARTLETT ST. ANDOVER, MA | UTTER DATA CD | 10.00 |
| 3/16/11 | STAPLES | TURNDIKE ST. NO. ANDOVER, MA | MAILING LABELS | 68.98 |
| 3/18/11 | US. POST OFFICE | STEVENS ST. ANDOVER, MA | STAMPS | 39.60 |
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| Line 12: Total Expenditures over \$50 (or listed above) | | | | 2412.18 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 0 |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 2412.18 |

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 |
|--|---------------------|--------------------------------|-----------------------------|---------------|
| 3/16/11 | DEBBI SILBERSTEIN | BURTON FARM RD. ANDOVER, MA | STAMPS | 220.00 |
| 3/16/11 | DIANE COSTAKOLA | BELKNAP DR. ANDOVER, MA | STAMPS | 220.00 |
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| Line 15: In-Kind Contributions over \$50 (or listed above) | | | | 440.00 |
| Line 16: In-Kind Contributions \$50 & under (not listed above) | | | | 44.00 |
| Line 17: TOTAL IN-KIND CONTRIBUTIONS | | | | 484.00 |

Enter on page 1, line 6 →

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

SCHEDULE D: LIABILITIES

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

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|---------------------------|--------------------|--------------------------|---|--------|
| 3/7/11 | DONALD (GET FOLIO) | 4 KUNN ST ANDOVER, MA | MAILER POST CARDS | 262.27 |
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| Enter on page 1, line 7 → | | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | 262.27 |



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: 03/15/11 Ending Date: 04/12/11

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

Telephone Number (optional): 978 475 1822

Friends of Dan Grams
Committee Name

Michael Besser
Name of Committee Treasurer

PO Box 1740 Andover MA 01810
Committee Mailing Address

Telephone Number (optional): 978 475 1822

SUMMARY BALANCE INFORMATION:

| | |
|--|-----------------------|
| Line 1: Ending Balance from previous report | <u>\$1,797.45</u> |
| Line 2: Total receipts this period (page 3, line 11) | <u>0</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>\$1,797.45</u> |
| Line 4: Total expenditures this period (page 5, line 14) | <u>0</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>\$1,797.45</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>SOVEREIGN BANK</u> |

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Michael Besser (Treasurer's signature) Date: 4/11/11

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

Candidate with Committee and no activity independent of the committee
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Daniel T. Grams (Candidate's signature) Date: 4/13/11



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CLERK'S OFFICE
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Mar 5, 2011 Ending Date: Apr 11, 2011
2011 APR 19 P 3:19

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

Daniel H. Kowalski
Candidate Full Name (if applicable)
Selectman
Office Sought and District
24 Enfield Drive, Andover, MA 01810
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 | <u>0</u> |
| Line 2: Total receipts this period (page 3, line 11) | <u>486.10</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>486.10</u> |
| Line 4: Total expenditures this period (page 5, line 14) | <u>486.10</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>0</u> |
| Line 6: Total in-kind contributions this period (page 6) | <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 7) | <u>0</u> |
| Line 8: Name of bank(s) used: | <u>EASTERN BANK</u> |

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

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

Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 04/29/2011

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) |
|--|---|-------------------|---|
| 03/22/2011 | DANIEL KOWALSKI 24 ENFIELD DR | 486 ¹⁰ | IBM - BUSINESS ANALYST |
| | ANDREW MA OBO | | |
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| | | | |
| Line 9: Total Receipts over \$50 (or listed above) | | 486 ¹⁰ | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 0 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 486 ¹⁰ | ← 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 |
|--|--|--------------------|-------------------------|---------------------------------------|
| 03/06/ 2011 | US POST OFFICES | ANDOVER MA 0810 | POSTAGE | 280 ⁻ |
| 3/22/ 2011 | AMLR | | CREDIT CARD EXPENSES | 206 ¹⁰ |
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| | | | | |
| Line 12: Total Expenditures over \$50 (or listed above) | | | | 486 ¹⁰ 280 ⁻ |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 0 |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 486 ¹⁰ 280 ⁻ |

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 |
|--|---------------------|---------------------|-----------------------------|-------|
| | | | | 0 |
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| Line 15: In-Kind Contributions over \$50 (or listed above) | | | | 0 |
| Line 16: In-Kind Contributions \$50 & under (not listed above) | | | | 0 |
| Line 17: TOTAL IN-KIND CONTRIBUTIONS | | | | 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.

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 |
|---------------------------|-------------|---------|---|--------|
| | | | | 0 |
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| Enter on page 1, line 7 → | | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | 0 |



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="2.72"/> |
| Line 2: Total receipts this period (page 3, line 11) | <input type="text"/> |
| Line 3: Subtotal (line 1 plus line 2) | <input type="text"/> |
| Line 4: Total expenditures this period (page 5, line 14) | <input type="text" value="2.72"/> |
| Line 5: Ending Balance (line 3 minus line 4) | <input type="text" value="0"/> |
| Line 6: Total in-kind contributions this period (page 6) | <input type="text" value="—"/> |
| Line 7: Total (all) outstanding liabilities (page 7) | <input type="text" value="—"/> |
| Line 8: Name of bank(s) used: | <input type="text" value="People's United"/> |

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:



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: March 5, 2011 Ending Date: Apr 11, 2011

Type of Report: (Check one)

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

Paul J. Salafia
Candidate Full Name (if applicable)

Selectman
Office Sought and District

283 South Main Street
Residential Address

Telephone Number (optional): (978) 475-3462

Paul Salafia Committee
Committee Name

Samuel J. Concemi
Name of Committee Treasurer

283 South Main Street
Committee Mailing Address

Telephone Number (optional): (978) 475-2300

SUMMARY BALANCE INFORMATION:

| | |
|--|----------------------------|
| Line 1: Ending Balance from previous report | <u>3007.14</u> |
| Line 2: Total receipts this period (page 3, line 11) | <u>4447.53</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>7454.67</u> |
| Line 4: Total expenditures this period (page 5, line 14) | <u>6950.81</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>503.86</u> |
| Line 6: Total in-kind contributions this period (page 6) | <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 7) | <u>0</u> |
| Line 8: Name of bank(s) used: | <u>BANK OF NEW ENGLAND</u> |

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

Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 4-21-2011

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

Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 4/21/11

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) |
|---------------|---|--------|---|
|---------------|---|--------|---|

Cash Basis

March 5 through April 11, 2011

| Type | Date | Name Address | Memo | Paid Amount |
|--------------------------------|-----------|--|---------------|-------------|
| ABRAHAM, RONALD | | | | |
| Deposit | 3/9/2011 | 250 R ANDOVER STREET ANDOVER, MA 01810 | AUTO SERVI... | 250.00 |
| Total ABRAHAM, RONALD | | | | 250.00 |
| ANDERSON, LINN | | | | |
| Deposit | 3/9/2011 | 93 ABBOT STREET ANDOVER, MA 01810 | BUSINESSW... | 250.00 |
| Total ANDERSON, LINN | | | | 250.00 |
| BUCK, BILL | | | | |
| Deposit | 3/21/2011 | 5 LOCKWAY ROAD ANDOVER, MA 01810 | REAL ESTA... | 100.00 |
| Total BUCK, BILL | | | | 100.00 |
| CONSTANTINE, ANN | | | | |
| Deposit | 3/9/2011 | 81 CENTRAL STREET ANDOVER, MA 01810 | CITIZEN | 50.00 |
| Total CONSTANTINE, ANN | | | | 50.00 |
| CORMIER, RAYMOND Y. | | | | |
| Deposit | 3/8/2011 | 31 SUNSET ROCK ROAD ANDOVER, MA 01810 | HOMEBUILD... | 500.00 |
| Total CORMIER, RAYMOND Y. | | | | 500.00 |
| CORMIER, YVON | | | | |
| Deposit | 3/31/2011 | 17 CORMIER'S WAY ANDOVER, MA 01810 | DEVELOPER | 500.00 |
| Total CORMIER, YVON | | | | 500.00 |
| COUGHLIN, KEVIN G. | | | | |
| Deposit | 3/31/2011 | 3 PINE RIDGE ROAD WESTFORD, MA 01886 | BUSINESSM... | 200.00 |
| Total COUGHLIN, KEVIN G. | | | | 200.00 |
| DOHERTY, JOSEPH B., JR. | | | | |
| Deposit | 3/21/2011 | 12 BARTLETT STREET ANDOVER, MA 01810 | REAL ESTA... | 200.00 |
| Total DOHERTY, JOSEPH B., JR. | | | | 200.00 |
| ELKE KAPPELER | | | | |
| Deposit | 3/9/2011 | 17 ALDEN ROAD ANDOVER, MA 01810 | REAL ESTA... | 50.00 |
| Total ELKE KAPPELER | | | | 50.00 |
| FINLAYSON, GARY | | | | |
| Deposit | 3/8/2011 | | CITIZEN | 40.00 |
| Total FINI AYSON, GARY | | | | 40.00 |

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

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|------------------------------|---|--------|---|
| HOLTZMAN, EILEEN | | | |
| Deposit | 3/9/2011 269 SOUTH MAIN STREET ANDOVER, MA 01810 | | CITIZEN 100.00 |
| Total HOLTZMAN, EILEEN | | | 100.00 |
| JOHNSON, MARK B. | | | |
| Deposit | 3/8/2011 24 GREY BIRCH ROAD ANDOVER, MA 01810 | | LAWYER 300.00 |
| Total JOHNSON, MARK B. | | | 300.00 |
| KELLEY, KATHLEEN | | | |
| Deposit | 3/21/2011 21 WILLIAM STREET ANDOVER, MA 01810 | | REAL ESTA... 100.00 |
| Total KELLEY, KATHLEEN | | | 100.00 |
| LARSEN, LARRY | | | |
| Deposit | 3/21/2011 18 ANDOVER ST. ANDOVER, MA 01810 | | PSYCHOLO... 100.00 |
| Total LARSEN, LARRY | | | 100.00 |
| McKERNAN, MARY BORDEN | | | |
| Deposit | 3/21/2011 4 REGENCY PDG ANDOVER, MA 01810 | | CITIZEN 50.00 |
| Total McKERNAN, MARY BORDEN | | | 50.00 |
| MELDRUM, DAVID | | | |
| Deposit | 3/9/2011 287 SOUTH MAIN STREET ANDOVER, MA 01810 | | CITIZEN 50.00 |
| Total MELDRUM, DAVID | | | 50.00 |
| O'SULLIVAN, JEREMIAH | | | |
| Deposit | 3/8/2011 298 SOUTH MAIN STREET ANDOVER, MA 01810 | | BUSINESSM... 200.00 |
| Total O'SULLIVAN, JEREMIAH | | | 200.00 |
| STAPINSKI, STEPHEN | | | |
| Deposit | 3/21/2011 66 PARK STREET ANDOVER, MA 01810 | | ENGINEER 75.00 |
| Total STAPINSKI, STEPHEN | | | 75.00 |
| SUMBERG, RICHARD | | | |
| Deposit | 3/31/2011 15 RAILROAD STREET ANDOVER, MA 01810 | | CITIZEN 100.00 |
| Total SUMBERG, RICHARD | | | 100.00 |
| WILSON, FLORENCE | | | |
| Deposit | 3/9/2011 4 EASTMAN ROAD ANDOVER, MA 01810 | | RETIRED 100.00 |
| Total WILSON, FLORENCE | | | 100.00 |
| TOTAL DONATION | | | 3,315.00 |

| | | | |
|--------|-----------------|---------|------|
| 4-1-11 | PAUL J. SALAPIA | 1132.53 | LOAN |
| | | | |

| | |
|--|----------------|
| Line 9: Total Receipts over \$50 (or listed above) | |
| Line 10: Total Receipts \$50 and under* (not listed above) | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | 4447.53 |

← 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 |
|--------------------------|--|-------------------------|-------------------|------------------------|-----------------|
| Date | Num | Name | Address | Memo | Paid Amount |
| CONNOLLY PRINTING | | | | | |
| 3/8/2011 | 1001 | 17B GILL STREET | WOBURN, MA 01801 | SIGNS | 818.13 |
| Total CONNOLLY PRINTING | | | | | 818.13 |
| EAGLE TRIBUNE | | | | | |
| 3/9/2011 | AMEX | 33 CHESTNUT STREET | ANDOVER, MA 01810 | ADS | 449.00 |
| 3/15/2011 | AMEX | 33 CHESTNUT STREET | ANDOVER, MA 01810 | | 718.40 |
| Total EAGLE TRIBUNE | | | | | 1,167.40 |
| GLORY RESTAURANT | | | | | |
| 3/22/2011 | AMEX | 19 ESSEX STREET | ANDOVER, MA 01810 | MEETING | 942.32 |
| Total GLORY RESTAURANT | | | | | 942.32 |
| HOME DEPOT | | | | | |
| 3/6/2011 | AMEX | 72 PLEASANT VALLEY ST. | METHUEN, MA 01844 | SIGNS | 16.97 |
| 3/11/2011 | AMEX | 72 PLEASANT VALLEY ST. | METHUEN, MA 01844 | SIGN MATE... | 21.04 |
| Total HOME DEPOT | | | | | 38.01 |
| LANAM CLUB | | | | | |
| 4/8/2011 | CASH | 260 N. MAIN ST. ANDOVER | | MEETING PL... | 171.42 |
| Total LANAM CLUB | | | | | 171.42 |
| LAROSA'S | | | | | |
| 3/5/2011 | AMEX | 7 BARNARD STREET | ANDOVER, MA 01810 | snacke, drink... | 79.51 |
| 3/15/2011 | AMEX | 7 BARNARD STREET | ANDOVER, MA 01810 | WATER, SO... | 17.01 |
| 3/19/2011 | AMEX | 7 BARNARD STREET | ANDOVER, MA 01810 | TREATS FO... | 27.61 |
| Total LAROSA'S | | | | | 124.13 |
| POSTMASTER | | | | | |
| 3/15/2011 | 1002 | ANODVER, MA 01810 | | STAMPS | 280.00 |
| Total POSTMASTER | | | | | 280.00 |
| ROCKY'S | | | | | |
| 3/6/2011 | AMEX | 50 PETERS STREET | NORTH ANDOVER, MA | SIGN STUFF | 9.12 |
| Total ROCKY'S | | | | | 9.12 |
| SIGN CENTER | | | | | |
| 4/4/2011 | 1003 | 40 ORCHARD STREET | HAVERTHILL, MA | SIGNS | 207.19 |
| Total SIGN CENTER | | | | | 207.19 |
| STAPLES | | | | | |
| 3/9/2011 | AMEX | 73 TURNPIKE STREET | NORTH ANDOVER, MA | SUPPLIES | 30.19 |
| Total STAPLES | | | | | 30.19 |
| TOTAL | | | | | 3,787.91 |

| | | | | |
|--------|----------------|--|----------------|---------|
| 4-6-11 | PAUL J. SALVIA | | DEBIT LOANS | 3162.90 |
| | | | | |

| | |
|--|----------------|
| Line 12: Expenditures over \$50 (or listed above) | |
| Line 13: Expenditures \$50 and under* (not listed above) | |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD | 6950.81 |

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.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
Treasurer's Office

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):

YES for Andover Schools

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="600"/> |
| Line 2: Total receipts this period (page 3, line 11) | <input type="text" value="1,750"/> |
| Line 3: Subtotal (line 1 plus line 2) | <input type="text" value="2,350"/> |
| Line 4: Total expenditures this period (page 5, line 14) | <input type="text" value="1,844.91"/> |
| Line 5: Ending Balance (line 3 minus line 4) | <input type="text" value="505.09"/> |
| 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="Danvers 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: Christa Yule Bishop, President (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) |
|--|---|--------------|---|
| 1/11/2011 | Tina Girdwood 15 Tucker Rd. Andover, MA 01810 | 200 | Independent Philanthropy Professional |
| 1/14/2011 | Bob Gilbert 12 Gray Road Andover, MA 01810 | 500 | Attorney and business owner Gilbert & Renton LLC |
| 1/14/2011 | William Wall 2 Blueberry Hill Rd. Andover, MA 01810 | 500 | General Counsel Abrams Capital |
| 1/21/2011 | Ned Williams 44 Holt Rd. Andover, MA 01810 | 500 | Partner Brook Venture |
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| Line 9: Total Receipts over \$50 (or listed above) | | 1,700 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 50 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 1,750 | ← 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 |
|---|--|--|--|-----------------|
| 2/5/2011 | Carolyn Dann | 4 Rock O'Dundee Rd. Andover, MA 01810 | Reimbursement for lawn sign decals | 327.47 |
| 1/20/2011 | Christa DiNapoli | 16 Robandy Rd. Andover, MA 01810 | Reimbursement for letter printing expenses | 111.35 |
| 1/20/2011 | Tom Deso | 81 High St. Andover, MA 01810 | Reimbursement for purchase of envelopes and address labels | 131.15 |
| 2/7/2011 | Ann Gilbert | 12 Gray Rd. Andover, MA 01810 | Reimbursement for stamp purchase | 924 |
| 1/20/2011 | John Zipeto | 14 Canterbury Rd. Andover, MA 01810 | Reimbursement for postcard printing expenses | 350.94 |
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| Line 12: Total Expenditures over \$50 (or listed above) | | | | 1,844.91 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 0 |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 1,844.91 |

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 |
|---------------------------|---------------------|---------------------|--|----------|
| | none | | | |
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| | | | Line 15: In-Kind Contributions over \$50 (or listed above) | 0 |
| | | | Line 16: In-Kind Contributions \$50 & under (not listed above) | 0 |
| Enter on page 1, line 6 → | | | Line 17: TOTAL IN-KIND CONTRIBUTIONS | 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 |
|---|-------------|---------|---------|--------|
| | none | | | |
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| Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | 0 |



Form CPF 102A : Amendment to Campaign Finance Report
Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

File with: Director
Office of Campaign and Political Finance
Or Local Election Office

2012 JAN 25 A 9 47

CPF ID#

TOWN OF ANDOVER, MASS

Please print or type all information, except signatures.

Reporting Period: Beginning date: 3-5-2011 Ending Date: 4-11-11
Report being amended:
Year: 2011 Pre-primary Pre-election Year-end 30 day after special election Other

Candidate Name: PAUL J. SALAFIA
Committee Name: PAUL SALAFIA COMMITTEE
Treasurer Name: SAMUEL J. CONCERNI

| SUMMARY BALANCE INFORMATION: | |
|--|-------------------|
| Line 1: Ending balance from previous report | \$ <u>503.86</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>-0-</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>503.86</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>-0-</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>503.86</u> |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>-0-</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>1350.06</u> |

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

LIABILITY TO PAUL SALAFIA NOT NOTED ON ORIGINAL FILING.

DUE TO PAUL SALAFIA FOR:

| | |
|--------------------------------------|-------------------|
| <u>① CASH PAYMENT TO LANHAM CLUB</u> | <u>\$ 171.42</u> |
| <u>② ORIGINAL LOAN</u> | <u>500.00</u> |
| <u>③ BALANCE OF AMEX CHARGES</u> | <u>678.64</u> |
| | <u>\$ 1350.06</u> |

Signed under the penalties of perjury:
[Signature]
Candidate Signature (in ink)

Signed under the penalties of perjury:
[Signature]
Date
Treasurer signature (in ink)