



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

4/23/2015

Reporting Period - Beginning: 3/7/2015 Ending: 4/13/2015

Type of report: 30 day after election

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

SUMMARY BALANCE INFORMATION

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

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

Handwritten signature of James D Doherty Jr.

4/23/15

Treasurer's signature (in ink)

Date

Affidavit of Candidate (check 1 box only) :

[X] Candidate with Committee and no activity independent of the committee

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

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

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

Signed under the penalties of perjury:

Handwritten signature of Sheila M Doherty.

Schedule A: Receipts

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

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

Schedule B: Expenditures

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

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

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
	Total Itemized Inkind Contributions	\$0.00	
	Total Unitemized Inkind Contributions	\$0.00	
	Total Inkind Contributions	\$0.00	

Schedule D: Liabilities

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

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



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CLERK'S OFFICE
2015 APR - 8 P
OFFICE OF ANDOVER

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: March 7, 2015 Ending Date: April 13, 2015

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

Marilyn M. Fitzgerald
Candidate Full Name (if applicable)
Gr. Lawrence Reg. Tech. School Dist. Comm.
Office Sought and District
25 Washington Ave Andover MA
Residential Address
Telephone Number (optional): 978 475 4118

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

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

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 4/7/15

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
 Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
 Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Marilyn M. Fitzgerald (Candidate's signature) Date: 4/7/2015



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

Mar 7, 2015

Ending Date:

Apr 13, 2015

APR 16 P 12:50

Type of Report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

TOWN OF ANDOVER, MASS

Ann W. Gilbert

Candidate Full Name (if applicable)

Town of Andover School Committee

Office Sought and District

12 Gray Rd, Andover, MA 01810

Residential Address

Telephone Number (optional):

Committee to Elect Annie Gilbert

Committee Name

Irene Pien

Name of Committee Treasurer

5 Athena Circle, Andover, MA 01810

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2,720
Line 2: Total receipts this period (page 3, line 11)	125
Line 3: Subtotal (line 1 plus line 2)	2,845
Line 4: Total expenditures this period (page 5, line 14)	1,822.81
Line 5: Ending Balance (line 3 minus line 4)	1,022.19
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Enterprise Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

Irene Pien

(Treasurer's signature)

Date:

4/14/2015

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury:

Ann W. Gilbert

(Candidate's signature)

Date:

4/15/2015

SCHEDULE A: RECEIPTS (continued)

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

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Apr 13, 2015	Annie Gilbert	12 Gray Rd Andover, MA 01810	Reimbursement for printing letters, mailing service, and postage	707.28
Mar 13, 2015	Omni Digital Printers	92 South Broadway Lawrence, MA 01843	Printing letters, mailing service, and postage	743.33
Mar 13, 2015	John Zipeto	14 Canterbury St Andover, MA 01810	Printing postcards and signs	372.2
Line 12: Total Expenditures over \$50 (or listed above)				1,822.81
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,822.81

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.

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 → 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. Page 6



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

Commonwealth
of Massachusetts

2015 MAY -1 P 4: 16
CORRECTED

REPORT ORIGINALLY SUBMITTED 04/16/15

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="-10.87"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="3,020.52"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="3,009.65"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="2,130.52"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="879.13"/>
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="2130.52 201104"/>
Line 8: Name of bank(s) used:	<input type="text" value="Eastern Bank"/>

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

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

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

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

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

Signed under the penalties of perjury: *Dan Kowalski* (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)
Mar 15, 2015	Cynthia Verda-Abraham 250R Andover St., Andover, MA	200	Retired
Mar 15, 2015	Allan Hoffman	100	
Mar 11, 2015	Daniel H. Kowalski 24 Enfield Dr, Andover, MA	160.93	loan from candidate
Mar 16, 2015	Daniel H. Kowalski 24 Enfield Dr, Andover, MA	728.62	loan from candidate
Mar 17, 2015	Daniel H. Kowalski 24 Enfield Dr, Andover, MA	850	loan from candidate
Mar 23, 2015	Daniel H. Kowalski 24 Enfield Dr, Andover, MA	104.74	loan from candidate
Mar 24, 2015	Daniel H. Kowalski 24 Enfield Dr, Andover, MA	92.02	loan from candidate
Mar 24, 2015	Daniel H. Kowalski 24 Enfield Dr, Andover, MA	50.5	loan from candidate
Mar 24, 2015	Daniel H. Kowalski 24 Enfield dr, Andover, MA	54.23	loan from candidate
	Daniel H. Kowalski 24 Enfield Dr, Andover, MA	89.48	loan from candidate
Line 9: Total Receipts over \$50 (or listed above)		2,430.52	
Line 10: Total Receipts \$50 and under* (not listed above)		590	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3,020.52	← 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 11, 2015	VistaPrint	95 Hayden St., Lexington, MA	Mailer	160.93
Mar 16, 2015	Andover Townsman	100 Turnpike St., No. Andover, MA	Print Ad	728.62
Mar 17, 2015	US Postal Service	10 Stevens St., Andover, MA	Postage	850
Mar 23, 2015	Eastgate Liquors	12 Main St., No. Reading, MA	Beverages post election	104.74
Mar 24, 2015	Andover Dell	22 Andover St., Andover, MA	Food post election	92.02
Mar 24, 2015	Paypal - Facebook	1 Hacker Way, Menlo Park, CA	Online Ad	50.5
Mar 24, 2015	Whole Foods	40 Railroad St., Andover, MA	Food post election	54.23
Line 12: Total Expenditures over \$50 (or listed above)				2,041.04
Line 13: Total Expenditures \$50 and under* (not listed above)				89.48
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,130.52

* 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 → 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
Mar 11, 2015	Daniel H. Kowalski	24 Enfield Dr., Andover, MA	Maller	160.93
Mar 16, 2015	Daniel H. Kowalski	24 Enfield Dr., Andover, MA	Print Ad	728.62
Mar 17, 2015	Daniel H. Kowalski	24 Enfield Dr., Andover, MA	Postage	850
Mar 23, 2015	Daniel H. Kowalski	24 Enfield Dr., Andover, MA	Beverages post election	104.74
Mar 24, 2015	Daniel H. Kowalski	24 Enfield Dr., Andover, MA	Food post election	92.02
Mar 24, 2015	Daniel H. Kowalski	24 Enfield Dr., Andover, MA	Online Ad	50.5
Mar 24, 2015	Daniel H. Kowalski	24 Enfield Dr., Andover, MA	Food post election	54.23
3/24/15	DANIEL H KOWALSKI	SAMS	TOTAL EXPEND 2508	39.48
				2130.52
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	39.48



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

2015 APR 23 P 3:11

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="3,865.4"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="5,203.32"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="9,068.72"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="7,454.54"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="1,164.18"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Enterprise Bank"/>

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

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

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

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

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

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

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	See attached Schedule A Committee to Elect Bob Landry		
Line 9: Total Receipts over \$50 (or listed above)		5,203.32	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		5,203.32	← 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 (Committee to Elect Bob Landry)

Date	Amount	Last Name	First Name	Address	City	State	Zip	Occupation & Employer (for contributions of \$200 or more.)
1/29/2015	\$ 100.00	Landry	Robert	4 Seminole Circle	Andover	MA	01810	(*adjustment from prior period)
2/9/2015	\$ 100.00	Petty	John	10 Talbot Road	Andover	MA	01810	(**adjustment from prior period)
3/10/2015	\$ 396.31	Landry	Robert	4 Seminole Circle	Andover	MA	01810	Insurance Broker, self-employed
3/10/2015	\$ 50.00	Murphy	Thomas	51 Bartlet Street	Andover	MA	01810	
3/11/2015	\$ 117.99	Landry	Robert	4 Seminole Circle	Andover	MA	01810	
3/11/2015	\$ 50.00	Patten	Chris	4 George St	Andover	MA	01810	
3/11/2015	\$ 30.00	Joe	Jerry	4 blueberry hill road	Andover	MA	01810	
3/11/2015	\$ 100.00	Wallis	Dan	131 Chandler Road	Andover	MA	01810	
3/11/2015	\$ 50.00	Ring	Kurt	109 Gould Road	Andover	MA	01810	
3/11/2015	\$ 100.00	Rubenstein	Peter	6 RENNIE DRIVE	Andover	MA	01810	
3/13/2015	\$ 1,043.62	Landry	Robert	4 Seminole Circle	Andover	MA	01810	Insurance Broker, self-employed
3/16/2015	\$ 1,000.00	Berberian	James	37 Andover Country Club Lane	Andover	MA	01810	Self-employed business owner
3/16/2015	\$ 250.00	Moffitt	John	68 Beacon Street	Andover	MA	01810	Self-employed, Andover Advisors
3/16/2015	\$ 200.00	Saunders	Joe	9 Pheasant Run	Andover	MA	01810	Education, Boston University
3/17/2015	\$ 50.00	Berube	Garrrett	1 Peppercorn Lane	Andover	MA	01810	
3/17/2015	\$ 100.00	Sheehy	Jeff	330 S.Main Street	Andover	MA	01810	
3/18/2015	\$ 50.00	Smith	Suzanne	4 Comanche Place	Andover	MA	01810	
3/19/2015	\$ 33.00	Landry	Robert	4 Seminole Circle	Andover	MA	01810	
3/19/2015	\$ 50.00	Gotha	William	61 Pine Street	Andover	MA	01810	
3/21/2015	\$ 50.00	Vives	Simon	19 Alden Road	Andover	MA	01810	
3/22/2015	\$ 50.00	Lentz	George	7 Brady Loop	Andover	MA	01810	
3/24/2015	\$ 932.40	Landry	Robert	4 Seminole Circle	Andover	MA	01810	Insurance Broker, self-employed
3/24/2015	\$ 100.00	Grady	Susan	270 Andover Street	Andover	MA	01810	
3/24/2015	\$ 200.00	Charland	Michael	180 Main Street	Andover	MA	01810	President, Wilkins investment Counsel

\$ 5,203.32

*This \$100 deposit was to open the bank account on 1/29 and was missed as donation in the first reporting period.

**This check was deposited by the Treasurer but the record of the donor was missed in the first reporting period.

Schedule B: Expenditures (Committee to Elect Bob Landry)

Date	Amount	Purpose	Name	Address	City	State	Zipcode	Type
3/10/2015	\$ 1,050.00	Consulting	Linda Lecomte	121 Ballardvale Road	Andover	MA	01810	Check
3/10/2015	\$ 396.31	Friend to Friend Cards	Minuteman Press	79 North Main Street	Andover	MA	01810	Out of Pocket
3/11/2015	\$ 117.99	Postage	US Postal Service	?Townhouse Station Main Stree	Andover	MA	01810	Out of Pocket
3/13/2015	\$ 1,043.62	Endorsement Ad	Eagle Tribune	100 Turnpike Street	North Andover	MA	01845	Out of Pocket
3/13/2015	\$ 440.00	Video 1	KC Visuals Unlimited	PO Box 1628	Tewksbury	MA	01876	Check
3/13/2015	\$ 600.31	Signs	Vogel Printing	PO Box 127	Lawrence	MA	01842	Check
3/16/2015	\$ 571.73	Postage	US Postal Service	?Townhouse Station Main Stree	Andover	MA	01810	Check
3/16/2015	\$ 943.50	Direct Mail	BW Graphics	790 Turnpike Street	N.Andover	MA	01845	Check
3/19/2015	\$ 33.00	Logo Image	Getty Images	75 Varick Street	New York	NY	10013	Out of Pocket
3/20/2015	\$ 540.00	Video 2 and 3	KC Visuals Unlimited	PO Box 1628	Tewksbury	MA	01876	Check
3/24/2015	\$ 932.40	Election Night Party	Casablanca	10 Main Street	Andover	MA	01810	Out of Pocket
4/13/2015	\$ 700.00	Consulting	Linda Lecomte	121 Ballardvale Road	Andover	MA	01810	Check
4/13/2015	\$ 85.68	Fundraising Fees	FundRazr	171 Water Street	Vancouver	BC	V6B1A7	Netted

As of 4/13/2015 **\$ 7,454.54**



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: March 7, 2015 Ending Date: April 13, 2015

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

Brian P. Major
Candidate Full Name (if applicable)

Selectman
Office Sought and District

11 Odyssey Way, Andover, MA 01810
Residential Address

Telephone Number (optional): _____

Major Committee
Committee Name

Elizabeth Bigelow
Name of Committee Treasurer

10 Wabanaki Way, Andover, MA 01810
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>9290.23</u>
Line 2: Total receipts this period (page 3, line 11)	<u>3210.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>12500.23</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>6624.25</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>5875.98</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>Merrimack Valley FCU</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: Elizabeth Bigelow (Treasurer's signature) Date: 4/21/15

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

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

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

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 4/21/15

Receipts Custom Report

Date	Name/Address	Occupation/Employer	Amount
3/12/2015	Abraham, Ron & Cindi 250 R Andover St. Andover, MA 01810		\$100.00
3/20/2015	Ameen, Sam & Lori 214 Chandler Rd. Andover, MA 01810	Proprietor, Andover Mobil Station	\$200.00
3/21/2015	Anderson, Linn 93 Abbot St. Andover, MA 01810		\$100.00
3/19/2015	Benedix, Colleen 2 Hearthstone Pl. Andover, MA 01810	Director/Owner, Puddle Duck Dare Care	\$200.00
3/12/2015	Bordogna, Mark & Paula 4 Barbara Lane Andover, MA 01810		\$100.00
3/16/2015	Cloutier, Richard & Margaret Kruse 145 Argilla Rd. Andover, MA 01810		\$75.00
3/14/2015	Cooper, Donald & Donna 4 Eagle Way Andover, MA 01810		\$100.00
3/12/2015	Cronin, Paul 4 Odyssey Way Andover, MA 01810		\$100.00
3/12/2015	Doherty, Sheila 9 Juniper Rd. Andover, MA 01810		\$100.00
3/12/2015	Hanes, Charles & Gertrude 3 Prides Circle Andover, MA 01810		\$100.00
3/25/2015	McQuaide, James & Martha 7 Golden Oaks Lane Andover, MA 01810		\$100.00
3/19/2015	Owens, Edward & Patricia 4 Azalea Dr. Andover, MA 01810		\$100.00
3/16/2015	Perkins, Bill & Annie 14 Rennie Dr. Andover, MA 01810		\$100.00
3/12/2015	Ravikumar, Srinivasan & Donna 4 Coventry Lane Andover, MA 01810	Sr. Manager, Raytheon	\$200.00
3/12/2015	Salafia, Paul & Margaret 283 S. Main St. Andover, MA 01810		\$100.00
3/12/2015	Stott, Susan 30 Pasho St. Andover, MA 01810		\$100.00

Grand Total

1875.00

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 \$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
	listing attached			

Line 12: Total Expenditures over \$50 (or listed above)	656623
---	--------

Line 13: Total Expenditures \$50 and under* (not listed above)	58.02
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Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THE PERIOD	6624.25
---------------------------	--	---------

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

Expenditures Custom Report

Date	Name/Address	Purpose	Amount
3/10/2015	Andover Post Office 10 Stevens St. Andover, MA 01810	Postage	\$355.00
3/14/2015	Andover Post Office 10 Stevens St. Andover, MA 01810	Postage	\$68.00
3/16/2015	1061 Minuteman Press 79 North Main St. Andover, MA 01810	Postcards and Thank You Cards	\$737.11
3/16/2015	Eagle-Tribune Publishing Co. 100 Turnpike St. North Andover, MA 01845	Campaign Ad	\$2,684.60
3/16/2015	Staples 73 Turnpike St. North Andover, MA 01845	Printing Supplies	\$157.72
3/25/2015	1063 Eagle-Tribune Publishing Co. 110000 Turnpike St. North Andover, MA 01845	Campaign Ad	\$1,657.00
3/24/2015	1064 Town of Andover 36 Bartlet St. Andover, MA 01810	Election Dinner	\$306.80
3/24/2015	1065 Frank Melendez 36 Bartlet St. Andover, MA 01810	Election Dinner Service	\$100.00
4/9/2015	1067 Troop 75 BSA Andover, MA 01810	Community Fundraiser	\$500.00
Grand Total			\$6,566.23

SCHEDULE D: LIABILITIES

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

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE
APR 23 2015
OFFICE OF ANDOVER MASS

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/7/15 Ending Date: 4/13/15

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 for
Committee Name School committee
Nicole Allen
Name of Committee Treasurer
30 Wright Ave, N. Andover, MA 01845
Committee Mailing Address
Telephone Number (optional) 617-435-8284

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1,894.38</u>
Line 2: Total receipts this period (page 3, line 11)	<u>875.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2,769.38 2,769.38</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1,660.59</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1,108.79 1,108.79</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>2,289.24 2,289.24</u>
Line 8: Name of bank(s) used:	<u>TD Bank</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 4/12/15

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 4/23/15

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/16/15	Nathalie van Doremalen 11 Acorn Drive Andover, MA 01810	25-	
3/16/15	Kristen DeAngelo 13 Hansom Rd Andover, MA 01810	50-	
3/18/15	Jennifer Srivastava 8 Erdico H Rd Andover, MA 01810	50-	
3/18/15	Brynn Burke 15 Dell Dr. Wilmington, MA 01887	200-	Service Tech - Verizon
3/20/15	Christie J. Lyon 107 Hawthorne Way Apt 431c Lawrence, MA 01843	50 -	
3/20/15	Mahalakshmi Ganesh 6 Chongris Circle Andover, MA 01810	100-	
3/22/15	Kathleen Bohrer 217 Summit Rd Malvern, PA 19355	25-	
3/8/15	Beth Gray 1517 N. Taylor St Arlington, VA 2207	100 -	
3/8/15	Shannon Scully 34 School St Andover, MA 01870	100 75	
3/6/15	William Smith 6 Crestwood Dr Andover, MA 01810	50-	
3/9/15	Thomas Middleton 237 N. Main St Apt 4 Andover, MA 01810	100	
3/10/15	Taisha Weber 9 Hansom Rd Andover, MA 01810	50	
Line 9: Total Receipts over \$50 (or listed above)		875 875	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		875 875	← 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
3/19/15	Eagle Tribune Publishing Co.	100 Turnpike N. Andover, MA 01845	Advertising in Andover Townman	1,456.25
3/30/15	Kristen Walsh	27 Stevens St Andover, MA Facebook.com	Advertising on Facebook	177.46
3/7 - 3/8	WE Pay	Online	Fees From Fundraising	26.88
Line 12: Total Expenditures over \$50 (or listed above)				1,660.59
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,660.59

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 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

* 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
3/13/15	Susan McGready	8 Dean Circle Andover, MA 01810	Mailing	769.55
3/13/15	Susan McGready	8 Dean Circle Andover, MA 01810	Stamps	490.00
2/4/15	Susan McGready	8 Dean Circle Andover, MA 01810	Loan to Campaign to open account	100
2/17/15	Susan McGready	8 Dean Circle Andover, MA 01810	Sign for Advertisi	929.69
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				2,289.24

[Signature]



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/7/15 Ending Date: 4/13/15

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

Paul J. Properzio
Candidate Full Name (if applicable)

1-year School Committee
Office Sought and District

15 Ballantrale Rd., Andover, MA 01810
Residential Address

Telephone Number (optional): 978-474-0195

School Committee
Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 210.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 210.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 210.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	

RECEIVED
 TOWN CLERK'S OFFICE
 APR - 7 2:21 PM
 ANDOVER, MASS.

Affidavit of Committee Treasurer:

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

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

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

- Candidate with Committee and no activity independent of the committee
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
- Candidate without Committee OR Candidate with independent activity filing separate report
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Paul J. Properzio (Candidate's signature) Date: 4/7/15

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/7/15	Paul J. Properzio 15 Ballerhoola Rd Andover, MA 01810	\$210.00	Teacher Retired
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$210.00	← Enter on page 1, line 2

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



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: **23** Beginning Date: **3/7/15** Ending Date: **4/13/15**

Type of Report: (Check one) **ANDOVER, MASS**

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

Neil Senior
Candidate Full Name (if applicable)

Selectman
Office Sought and District

14 Alderbrook Rd, Andover, MA 01810
Residential Address

Telephone Number (optional): **7812486079**

Committee to Elect Neil Senior Selectman
Committee Name

Mark Ventre
Name of Committee Treasurer

P.O. Box 1257, Andover, MA 01810
Committee Mailing Address

Telephone Number (optional): **9788520171**

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	366.60
Line 2: Total receipts this period (page 3, line 11)	269.52
Line 3: Subtotal (line 1 plus line 2)	636.12
Line 4: Total expenditures this period (page 5, line 14)	599.52
Line 5: Ending Balance (line 3 minus line 4)	36.60
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	584.90
Line 8: Name of bank(s) used:	Lowell Five

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

Signed under the penalties of perjury: Mark Ventre (Treasurer's signature) Date: **4/23/15**

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

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

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

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: **4/23/15**

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/14/15	Senior, Kevin 24 Shady Ave, Wakefield, MA 01880	100.00	
3/24/15	Senior, Neil (loan) 14 Alderbrook Road, Andover, MA 01810	69.52	
3/15/15	Williamson, Kathleen 3 Countryside Way, Andover, MA 01810	100.00	
Line 9: Total Receipts over \$50 (or listed above)		269.52	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		269.52	← 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
3/30/15	Senior, Neil	14 Alderbrook Road Andover, MA 01810	Reimbursement of candidate loan to campaign	530.00
Line 12: Total Expenditures over \$50 (or listed above)				530.00
Line 13: Total Expenditures \$50 and under* (not listed above)				69.52
Line 14: TOTAL EXPENDITURES IN THE PERIOD				599.52

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 →			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
3/6/2015	Senior, Neil	14 Alderbrook Road Andover, MA 01810	Outstanding balance of candidate loan to campaign	435.38
3/24/2105	Senior, Neil	14 Alderbrook Road Andover, MA 01810	Campaign costs paid with personal funds	69.52
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	504.90



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement:	4/30/15
Name of Individual Being Reimbursed:	Neil Senior	
Committee Name:	Committee to Elect Neil Senior Selectman	
CPF ID Number (if applicable):		Telephone Number (optional): 7812486079

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/27/15	Vista Print	Lexington, MA	Lawn Signs and Stands	530.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	530.00
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	530.00

Signed under the penalties of perjury:

Signature of Candidate Treasurer

Date: 4/23/15

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

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

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="\$ 620.00"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="500.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1,120.00"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1,070.57"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="\$ 49.43"/>
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="297.55"/>
Line 8: Name of bank(s) used:	<input type="text" value="Eastern Bank"/>

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

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

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

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

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

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

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/9/15	Joanne Falcone 111 Whispering Stream Way Fayetteville, NY 13066	\$ 500.00	Homemaker
Line 9: Total Receipts over \$50 (or listed above)		\$ 500.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 500.00	← 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
3/24/15	Salvatore's Restaurant	34 Park Street Andover, MA 01810	Campaign Reception	\$ 192.59
3/19/15	U.S. Post Office	561 Main Street West Boxford, MA 01885	Stamps for Postcard Mailing	\$ 83.00
2/2/15	VistaPrint	www.vistaprint.com	Election Postcards	\$ 83.18
2/10/15	Vogel Printing Co., Inc.	P.O. Box 127 Lawrence, MA 01842	Election Signs and Signholders	\$ 555.85
2/13/15	Wrist-Band.com	www.wrist-band.com	Election Wrist Bands	\$ 104.99
Line 12: Total Expenditures over \$50 (or listed above)				\$ 1,019.61
Line 13: Total Expenditures \$50 and under* (not listed above)				50.96
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$ 1,070.57

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
3/16/15	Kim Sousa	4 Montclair Avenue Andover, MA 01810	Bottled Water Handouts @ Bancroft Debate - Prepaid to Stop & Shop	\$ 21.96
3/19/15	Kim Sousa	4 Montclair Avenue Andover, MA 01810	Stamps for Postcard Mailing - Prepaid to US Post Office	\$ 83.00
3/24/15	Kim Sousa	4 Montclair Avenue Andover, MA 01810	Campaign Reception - Prepaid to Salvatore's Restaurant	\$192.59
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$ 297.55



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/10/15	Vogel Printing Company, Inc.	P.O. Box 127 Lawrence, MA 01842	Election Signs and Signholders	\$ 555.85

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$ 555.85
Line 2: Expenditures \$50 or under (not itemized):	0.00
Line 3: TOTAL AMOUNT REIMBURSED:	\$ 555.85

Signed under the penalties of perjury:



 Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement:	3/29/15
Name of Individual Being Reimbursed:	Kim Sousa	
Committee Name:	Committee to Elect Kim Sousa	
CPF ID Number (if applicable):		Telephone Number (optional): 9786865515

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/13/15	Wrist-Band.com	www.wrist-band.com	Election Wrist Bands	\$ 104.99
2/27/15	VistaPrint	www.vistaprint.com	Election Postcards	\$ 83.18
3/19/15	U.S. Post Office	561 Main Street West Boxford, MA 01885	Stamps for Postcard Mailing	\$ 83.00
3/24/15	Salvatore's Restaurant	34 Park Street Andover, MA 01810	Campaign Reception	\$ 192.59
(Include items listed on Page 2) →			Line 1: Expenditures in excess of \$50 (itemized above):	\$ 463.76
			Line 2: Expenditures \$50 or under (not itemized):	50.96
			Line 3: TOTAL AMOUNT REIMBURSED:	\$ 514.72

<p>Signed under the penalties of perjury:</p> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 100%;"/> Signature of Candidate / Treasurer </div>	Date: 4/14/15
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Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

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

Type of Report: (Check one) TOWN OF ANDOVER, MASS

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="2204.37"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="1930.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="4084.37"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1623.75"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="2460.59"/>
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="0.00"/>
Line 8: Name of bank(s) used:	<input type="text" value="Santander"/>

Affidavit of Committee Treasurer:

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

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

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

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

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

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

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)
3/6/15	Myrna Silverman 56 Dufton Rd Andover, MA01810	50.00	
3/6/15	Ellen Townson 23 Glenwod Rd Andover, MA 01810	50.00	
3/6/15	Joe Hartnett 3 Whittemore Terr Andover, MA 01810	50.00	
3/6/15	Ray and Kerry Larney 10 Westminster Ave Andover, MA 01810	50.00	
3/6/15	Earl Abdo 6 Argyle St Andover, MA 01810	100.00	
3/13/15	Cyndi and Ron Abraham 250 R Andover St Andover, MA 01810	100.00	
3/13/15	Ron Tetreault 92 Elm St Andover, MA 01810	50.00	
3/13/15	Mark Biddle 11 Sheridan Rd Andover, MA 01810	100.00	
3/13/15	Brian and Leesa Dawson 3 Brentwood Cir Andover, MA 01810	50.00	
3/13/15	Robert Flaherty	50.00	
3/13/15	Richard Asoian 12 Abbot St Andover, MA 01810	50.00	
3/13/15	Peggy and Dan Coleman 5 Spencer Ct Andover, MA 01810	50.00	
Line 9: Total Receipts over \$50 (or listed above)		800.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		800.00	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/13/15	Jim and Sue Stamas 5 Thresher Rd Andover, MA 01810	50.00	
3/13/15	Anne Graw 33 Algonquin Ave Andover, MA 01810	50.00	
3/21/15	Bill and Annie Perkins 14 Rennie Drive Andover, MA 01810	50.00	
3/21/15	Jay McQuaide 7 Golden Oaks Andover, MA 01810	250.00	Sales, BCBS of MA
3/21/15	Dylan Archambault 4 Monette Circle Andover, MA 01810	50.00	
3/21/15	Arnold Hanawalt 6 Tobey Lane Andover, MA 01810	50.00	
3/21/15	Tracy Callahan 6 David Drive Andover, MA 01810	100.00	
3/21/15	Linn Anderson 93 Abbott St Andover, MA 01810	50.00	
3/21/15	Lewis Trumbore 19 Partridge Hill Rd Andover, MA 01810	50.00	
3/21/15	Melissa Morris Danisch 16 Bradley Rd Andover, MA 01810	50.00	
3/21/15	Gina and Robert Chaves 11 Rindge Rd Andover, MA 01810	100.00	
Line 9: Total Receipts over \$50 (or listed above)		850.00	
Line 10: Total Receipts \$50 and under* (not listed above)		280.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1130.00	← 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
3/13/15	Andover Townsman	33 Chestnut St Andover, MA 01810	Advertising	1001.25
3/21/15	Andover Townsman	33 Chestnut St Andover, MA 01810	Advertising	222.00
3/27/15	Casa Blanca	10 Main St Andover, MA 01810	Campaign Night	359.85
Line 12: Total Expenditures over \$50 (or listed above)				1583.10
Line 13: Total Expenditures \$50 and under* (not listed above)				40.65
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1623.75

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

