



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

2016 APR 12 A 9:11

File with:
City or Town Clerk or Election Commission

TOWN OF ANDOVER, MASS 4/11/2016

Reporting Period - Beginning: 3/5/2016 Ending: 4/11/2016

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 inkind 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, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

4/11/16
Date

Affidavit of Candidate (check 1 box only) :

Candidate with Committee and no activity independent of the committee

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

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

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

Signed under the penalties of perjury:

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	



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 5, 2016 Ending Date: Apr 11, 2016

Type of Report: (Check one)

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

Ann W. Gilbert

Candidate Full Name (if applicable)

Town of Andover Selectman

Office Sought and District

12 Gray Rd, Andover, MA 01810

Residential Address

E-mail: anniegilbert@verizon.net

Phone # (optional):

Committee to Elect Annie Gilbert

Committee Name

Irene Pien

Name of Committee Treasurer

5 Athena Cir, Andover, MA 01810

Committee Mailing Address

E-mail: ipien@comcast.net

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	9,806.99
Line 2: Total receipts this period (page 3, line 11)	850
Line 3: Subtotal (line 1 plus line 2)	10,656.99
Line 4: Total expenditures this period (page 5, line 14)	7,365.43
Line 5: Ending Balance (line 3 minus line 4)	3,291.56
Line 6: Total in-kind contributions this period (page 6)	97.9
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: 4/13/2016

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: 4/14/2016

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 17, 2016	Andover Firefighters Union Local 1658 32 North Main St Andover, MA 01810	250	
Mar 10, 2016	Julie Childs 244 South Main St Andover, MA 01810	125	College Counselor, Self-Employed
Mar 10, 2016	Thomas Childs 244 South Main St Andover, MA 01810	125	Designer/Builder, Self-Employed
Mar 17, 2016	Joseph B Doherty 80 Great Pond Rd North Andover, MA 01845	250	Sales Manager, William Raveis Real Estate
Mar 18, 2016	Laura Gregory 5 Embassy Ln Andover, MA 01810	100	
Line 9: Total Receipts over \$50 (or listed above)		850	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		850	← 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 17, 2016	Diane Costagliola	15 Belknap Dr Andover, MA 01810	Reimbursement for Minuteman Press printing postcards (see R1)	1,313.78
Mar 24, 2016	Annie Gilbert	12 Gray Rd Andover, MA 01810	Reimbursement (see R1)	4,424.27
Mar 17, 2016	Patrice Minton	8 Ferndale Ave Andover, MA 01810	Reimbursement for Andover Townsman ad (see R1)	1,467.38
Mar 17, 2016	John Zipeto	14 Canterbury St Andover, MA 01810	Campaign visibility signs	160
Line 12: Total Expenditures over \$50 (or listed above)				7,365.43
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				7,365.43

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
Mar 21, 2016	Committee to Elect Barbara L'Italien	P.O. Box 1936 Andover, MA 01810	Phone list and robocall support	97.9
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				97.9

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



Commonwealth
of Massachusetts

Form CPF 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
Mar 2, 2016	Minuteman Press	79 North Main St Andover, MA 01810	Printing postcards	\$782.53
Mar 8, 2016	Minuteman Press	79 North Main St Andover, MA 01810	Printing postcards	\$531.25

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

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



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
Feb 12, 2016	United States Postal Service	10 Stevens St Andover, MA 01810	Postage	\$398.25
Mar 11, 2016	Vogel Printing	P.O. Box 127 Lawrence, MA 01842	Printing color signs, stakes	\$333.62
Mar 17, 2016	Minuteman Press	79 North Main St Andover, MA 01810	Printing color postcards Imprinting addresses & mailing Postage	\$3,625.28
				\$0.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	4,357.15
Line 2: Expenditures \$50 or under (not itemized):	67.12
Line 3: TOTAL AMOUNT REIMBURSED:	4,424.27

Signed under the penalties of perjury:

[Handwritten Signature]

Signature of Candidate / Treasurer

Date:

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



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
Mar 14, 2016	Eagle-Tribune Publishing Co.	100 Turnpike St North Andover, MA 01845	Andover Townsman ad	\$1,467.38

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	1,467.38
Line 2: Expenditures \$50 or under (not itemized):	<input type="text"/>
Line 3: TOTAL AMOUNT REIMBURSED:	1,467.38

Signed under the penalties of perjury:

Patrice Minton

Signature of Candidate / Treasurer

Date:

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

2016 APR 19 P 4:04
Fill in Reporting Period dates: Beginning Date: 03/05/2016 Ending Date: 4/11/2016

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

Daniel T Grams
Candidate Full Name (if applicable)
Andover Housing Authority
Office Sought and District
28 Corbett Street, Andover, MA
Residential Address
E-mail: Dannygrams@gmail.com
Phone # (optional): 978-475-1822

Friends of Dan Grams
Committee Name
Mike Besser
Name of Committee Treasurer
PO Box 1740, Andover, MA 01810
Committee Mailing Address
E-mail: dannygrams@gmail.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	1732.45
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	1732.45
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	1732.45
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:	Santander 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: Michael Bux (Treasurer's signature) Date: 04/19/16

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 T. Grams (Candidate's signature) Date: 04/19/16

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (or listed above)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: 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.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

RECEIVED
TOWN CLERK'S OFFICE

Office of Campaign and Political Finance

2016 APR 21 P 3:42

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="\$ 705.70"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="\$ 600 -"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="\$ 1305.70"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="\$ 228.75"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="\$ 1076.95"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text"/>
Line 8: Name of bank(s) used:	<input type="text" value="T.D. 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)
4/11	Christopher & Debbie Andrews 40 School St Andover MA 01810	\$50	
3/18	Richard & Judith Howe 3 Robany Road Andover MA 01810	\$50	
3/23	Samuel & Janet Nork 7 Regency Ridge Andover MA 01810	\$100	
3/18	Frances & Patricia O'Neill 49 Summer St Andover MA 01810	\$50	
3/25	Jerry & Sarah Pendleton 11 Cheever Cir Andover MA 01810	\$250	MASS. Financial Services Investment Research Officer
3/18	Will & Kathryn Tychsen 5007 Bluestem Ct Ft. Collins, CO 80525	\$100	
Line 9: Total Receipts over \$50 (or listed above)		\$600-	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$600-	← Enter on page 1, line 2

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

committee to Elect Paul D Murphy

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
4/1	Ann Murphy	22 Railroad Ave # 206 Andover MA 01810	Stamps	\$105 -
3/26	Paul Murphy	6 School St Andover MA 01810	Buttons	\$123.75
Line 12: Total Expenditures over \$50 (or listed above)				228.75
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				228.75

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

Committee to Elect Paul Murphy

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.

Committee to Elect Paul Murphy

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)				

committee to elect Paul Murphy



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

Commonwealth of Massachusetts

RECEIVED
TOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Report Being Amended: Year: 2016 Reporting Period: Beginning Date: 3-5-16 Ending Date: 4-11-16

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

Paul D Murphy
Candidate Full Name (if applicable)

6 School St, Andover MA 01810
Residential Address

Andover School Committee
Office Sought and District

E-mail: _____

Phone # (optional): _____

Committee to Elect Paul D Murphy
Committee Name

Sarah C Pendleton
Name of Committee Treasurer

6 School St, Andover MA 01810
Committee Mailing Address

E-mail: pendletonsarah@yahoo.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	_____
Line 2: Total receipts this period	_____
Line 3: Subtotal	_____
Line 4: Total expenditures this period	_____
Line 5: Ending Balance	_____
Line 6: Total in-kind contributions this period	<u>\$ 76.98</u>
Line 7: Total (all) outstanding liabilities	_____
Line 8: Name of bank(s) used:	<u>T.D. BANK</u>

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

while preparing year end report, I realized this in-kind contribution was left off in error.

Signed under the penalties of perjury:

Signed under the penalties of perjury:

[Signature]
(Candidate's signature)

Date: 1-20-17

Sarah C Pendleton
(Treasurer's signature)

Date: 1-19-17

TO: Committee to Elect Paul Murphy

FROM: Committee to Elect Barbara L'Italien
P.O. Box 1936
Andover, MA 01810

DATE: March 21, 2016

RE: Committee to Elect Barbara L'Italien in-kind
contribution to your campaign

Dear Candidate and Campaign Treasurer:

As part of Senator Barbara L'Italien's support of your candidacy, the Committee to Elect Barbara L'Italien has made an in-kind contribution to your campaign.

Under MA Campaign Finance Law, candidate committees may donate or in-kind a contribution of up to \$100 in support of your campaign. **Under Massachusetts OCPF reporting guidelines**, candidates must include in-kind contributions within the reporting guideline period as part of their own campaign finance disclosures. This letter is a summary of the in-kind contribution that the Committee to Elect Barbara L'Italien has made in your race and that should be included in your report that is due to the Office of Campaign and Political Finance.

Committee to Elect Paul Murphy In-Kind:

1. Phone List & Robocall Support	\$25.14 +
\$51.84	
TOTAL:	\$76.98

This is not a PAC contribution. You should list the Committee as a "candidate-committee" organization. The committee's address is below. If you have any questions please

feel free to respond to the email with this report.

Barbara L'Italien

Committee to Elect Barbara L'Italien



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: 3/5/2016 Ending Date: 2016/2/27/2016 A 9:51

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

Willard D. Perkins
Candidate Full Name (if applicable)
Andover School Committee
Office Sought and District
14 Rennie Drive, Andover, MA 01810
Residential Address
E-mail: wdperk@icloud.com
Phone # (optional): (978) 475-4190

TOWN OF ANDOVER, MASS
Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail:
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	529.49
Line 3: Subtotal (line 1 plus line 2)	529.49
Line 4: Total expenditures this period (page 5, line 14)	529.49
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: <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: _____ (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: 4/4/2016

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)
3/07/2016	Willard D. Perkins 14 Rennie Drive Andover, MA 01810	55.26	
3/09/2016	Willard D. Perkins 14 Rennie Drive Andover, MA 01810	299.62	
3/13/2016	Willard D. Perkins 14 Rennie Drive Andover, MA 01810	50	
3/19/2016	Willard D. Perkins 14 Rennie Drive Andover, MA 01810	60.66	
3/22/2016	Willard D. Perkins 14 Rennie Drive Andover, MA 01810	53.24	
3/22/2016	Willard D. Perkins 14 Rennie Drive Andover, MA 01810	10.71	
Line 9: Total Receipts over \$50 (or listed above)		529.49	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		529.49	← 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
3/07/2016	Vistaprint	vistaprint.com	250 campaign cards	55.26
3/9/2016	Vogel Signs #2	Vogel Signs 300 Canal St Lawrence, MA 01840	additional yard signs	299.62
3/13/2016	Facebook	Facebook.com	Facebook ads per click	50
3/19/2016	Robodial.org LLC	Robodial.org	Robocalls	60.66
3/22/2016	Facebook	Facebook.com	Ads per click	53.24
3/22/2016	Instagram	instagram.com	ads per click	10.71
Line 12: Total Expenditures over \$50 (or listed above)				529.49
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				529.49

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

RECEIVED
TOWN CLERK'S OFFICE
Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

2016 APR 19 11:31
 Fill in Reporting Period dates: Beginning Date: Ending Date:

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

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="632.84"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="745.75"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1,378.59"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1,375.35"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="3.24"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="159.37"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="393.4"/>
Line 8: Name of bank(s) used:	<input type="text" value="TD Bank"/>

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

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)
February 18, 2016	ACH Deposit WEPAY SV9T	45.75	
March 7, 2016	Michael Relli	50	
March 7, 2016	Eugenie Moffitt 68 Beacon Street Andover, MA 01810	300	Retired
March 8, 2016	John Moffitt 68 Beacon Street Andover, MA 01810	100	Retired
March 8, 2016	Frank Odum DDS 1 Agawam Lane Andover, MA 01810	200	Dentist
March 9, 2016	Robert Pokress	50	Loan to campaign
Line 9: Total Receipts over \$50 (or listed above)		745.75	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		745.75	← 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
March 8, 2016	BW Graphics	790 Turnpike Street Suite 202 North Andover, MA 01845	Mailing literature	943.5
March 9, 2016	Lawrence Eagle Tribune	100 Turnpike Street North Andover, MA 01845	Flyers	405.9
Feb 5, 2016	TD Bank	Main Street Andover, MA 01810	Bank Checks--Electronic	25.95
Line 12: Total Expenditures over \$50 (or listed above)				1,373.35
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,375.35

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
April 12, 2016	John Moffitt	68 Beacon Street Andover, MA 01810	Paid Robo call bill paid	64.79
March 15, 2016	Bob Pokress	3 Cherrywood Circle Andover, MA 01810	Stamps	94.58
Line 15: In-Kind Contributions over \$50 (or listed above)				159.37
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				159.37

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
March 9, 2016	Bob Pokress	3 Cherrywood Circle	Loan to campaign	50
March 11, 2016	KC Visuals	P.O Box 1626 Tewksbury, MA 01876	Online Video	120
March 19, 2016	Krystal Sollmine	Remax Partners 44 Park Street Andover, MA 01810	Facebook Boost Bill	223.4
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	393.4



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

Commonwealth
of Massachusetts

File with City or Town Clerk or Election Commission

Report Being Amended: Year: 2016 Reporting Period: Beginning Date: 3/5/16 Ending Date: 4/11/16

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

Robert Pokress
Candidate Full Name (if applicable)

3 Cherywood Circle Andover, MA 01810
Residential Address

School Committee
Office Sought and District

E-mail: Bob.Pokress@CGA.Alumlink.com

Phone # (optional): _____

Bob Pokress for School Committee
Committee Name

William J. Josephson
Name of Committee Treasurer

3 Cherywood Circle Andover, MA 01810
Committee Mailing Address

E-mail: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>632.84</u>
Line 2: Total receipts this period	<u>745.75</u>
Line 3: Subtotal	<u>1378.59</u>
Line 4: Total expenditures this period	<u>1378.59</u>
Line 5: Ending Balance	<u>0.00</u>
Line 6: Total in-kind contributions this period	<u>159.37</u>
Line 7: Total (all) outstanding liabilities	<u>390.16</u>
Line 8: Name of bank(s) used:	<u>TD Bank</u>

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

I failed to account for loan repayment to Bob Pokress in the amount of \$3.24

RECEIVED
CITY/TOWN CLERK'S OFFICE
2016 DEC - 9 P 4: 00
OWN OF ANDOVER, MASS

Signed under the penalties of perjury:

Robert Pokress
(Candidate's signature)

Date: 12/9/16

Signed under the penalties of perjury:

William J. Josephson
(Treasurer's signature)

Date: 12/9/16



Commonwealth of Massachusetts

RECEIVED
TOWN CLERK'S OFFICE

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: APR 20 12:00 Beginning Date: Mar 5, 2016 Ending Date: Apr 11, 2016

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 - Andover, MA.
Office Sought and District

283 So. Main Street Andover, MA 01810
Residential Address

Telephone Number (optional): 978-475-3462

The Salafia Committee
Committee Name

Margaret G. Salafia
Name of Committee Treasurer

283 So. Main Street Andover, MA 01810
Committee Mailing Address

Telephone Number (optional): 978-475-3462

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>3243.47</u>
Line 2: Total receipts this period (page 3, line 11)	<u>5050.⁰⁰</u>
Line 3: Subtotal (line 1 plus line 2)	<u>8293.47</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>4798.97</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3494.50</u>
Line 6: Total in-kind contributions this period (page 6)	<u>97.92</u>
Line 7: Total (all) outstanding liabilities (page 7)	
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: MARGARET G. SALAFIA (Treasurer's signature) Date: 4/19/16

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: 4/19/16

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)
3/18/2016	William Burnette 38 Greely Road Pelham, NH 03076	500. ⁰⁰	BUILDING MAINTENANCE
3/18/2016	Richard Santagati, Jr. 8 Sagamore Dr. Andover, MA 01810	500. ⁰⁰	OPERATIONS MANAGER/RAYtheon
3/18/2016	Amy Lampert Burd 33 Glen Oak Dr. Wayland, MA 01779	500. ⁰⁰	PARALEGAL
3/18/2016	Marilyn S. Santagati 13 Mirfield Circle Andover, MA 01810	750. ⁰⁰	Retired
3/18/2016	Richard J Santagati 13 Mirfield Circle Andover, MA 01810	750. ⁰⁰	Retired
3/18/2016	Karen McCloskey 171 Greenwood Road Andover, MA 01810	500. ⁰⁰	TEACHER
3/18/2016	Alan G. Lampert 10 North Road Chelmsford, MA 01824	1000. ⁰⁰	ATTORNEY
3/18/2016	Nicholas M. Reia 23 Wyman's Landing Danville, NH 03819	500. ⁰⁰	RENTAL HOUSING MANAGER
3/18/2016	Ronald Sanfield 10 Harding St. Andover, MA 01810	50. ⁰⁰	
Line 9: Total Receipts over \$50 (or listed above)		5050. ⁰⁰	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		5050. 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
3/15/2016	Andover Coalition for Education	P.O. Box 1521 Andover, MA 01810	Fundraiser / Donations	150. ⁰⁰
3/14/2016	Carole Foster	142 Pleasant Valley St. Methuen, MA 01844	Bookkeeping Service	150. ⁰⁰
3/31/2016	Bank of New England	31 Pelham Road Salem, NH 03079	Bank Fee	6.31
4/9/2016	American Express	P.O. Box 1270 Newark, NJ 07101-1270	Andover Townsman Advertising	2042.41
4/9/2016	American Express	P.O. Box 1270 Newark, NJ 07101-1270	Staples Supplies	112.33
4/9/2016	American Express	P.O. Box 1270 Newark, NJ 07101-1270	MinuteMan Press Printing	1138.92
4/9/2016	American Express	P.O. Box 1270 Newark, NJ 07101-1270	Signs	450. ⁰⁰
4/9/2016	American Express	P.O. Box 1270 Newark, NJ 07101-1270	Postage	209. ⁰⁰
4/1/2016	American Express	P.O. Box 1270 Newark, NJ 07101-1270	Signs	540. ⁰⁰
Line 12: Total Expenditures over \$50 (or listed above)				4798.97
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				4798.97

* 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
3/21/2016	Committee To Elect Barbara L'Italien	P.O. Box 1936 Andover, MA 01810	Phone list & Robocall Support	97.92
Line 15: In-Kind Contributions over \$50 (or listed above)				97.92
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				97.92

* 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 102A: Amendment to Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Report Being Amended: Year: 2016 Reporting Period: Beginning Date: Mar. 5, 2016 Ending Date: April 11, 2016

2017 OCT 13 P 3:42

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

TOWN OF ANDOVER, MASS.

<u>PAUL J. SALAFIA</u>
<small>Candidate Full Name (if applicable)</small>
<u>283 South Main St., ANDOVER MA</u>
<small>Residential Address</small>
<u>ANDOVER SELECTMAN</u>
<small>Office Sought and District</small>
E-mail: <u>psalafia@comcast.net</u>
Phone # (optional): _____

<u>SALAFIA COMMITTEE</u>
<small>Committee Name</small>
<u>MARGARET G. SALAFIA</u>
<small>Name of Committee Treasurer</small>
<u>283 So. Main St., ANDOVER MA 01810</u>
<small>Committee Mailing Address</small>
E-mail: <u>mgsalafia@comcast.net</u>
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>3243.47</u>
Line 2: Total receipts this period	<u>5050.00</u>
Line 3: Subtotal	<u>8293.47</u>
Line 4: Total expenditures this period	<u>4798.97</u>
Line 5: Ending Balance	<u>3494.50</u>
Line 6: Total in-kind contributions this period	<u>97.92</u>
Line 7: Total (all) outstanding liabilities	
Line 8: Name of bank(s) used:	<u>Bank of NEW ENGLAND</u>

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

The employer names were inadvertently left off the Schedule C Receipts form. Revised form attached.

Signed under the penalties of perjury:

Signed under the penalties of perjury:

MARGARET G. SALAFIA

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)
3/18/2016	William Burnett 38 Greely Road Pelham, NH 03076	500.00	BUILDING MAINTENANCE JeNet Management
3/18/2016	Richard Santagati, Jr. 8 Sagamore Dr. Andover, Ma. 01810	500.00	OPERATIONS MANAGER/RAYTHEON RAYTHEON
3/18/2016	Amy Lampert Blvd 33 Glen Oak Dr. Wayland, Ma. 01779	500.00	PARALEGAL LAW OFFICES LAMPERT HAUSLER, RODMAN
3/18/2016	Marilyn S. Santagati 13 Springfield Circle Andover, Ma. 01810	750.00	Retired
3/18/2016	Richard J Santagati 13 Springfield Circle Andover, Ma. 01810	750.00	Retired
3/18/2016	Naivee McCloskey Road 171 Greenwood Road Andover, Ma. 01810	500.00	TEACHER ANDOVER SCHOOL DISTRICT
3/18/2016	Alan G. Lampert 19 Northford Pelham, Ma. 01824	1000.00	ATTORNEY LAW OFFICES LAMPERT, HAUSLER RODMAN
3/18/2016	Nicholas M. Berging 23 Wyman's Landing Danville, NH 03819	500.00	RENTAL HOUSING-MANAGER JeNET Management
3/18/2016	Ronald Santfield 10 Harding St. Andover, Ma. 01810	50.00	



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

2016 APR -5 A 8:53

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Mar 11, 2016 Ending Date: ~~Mar 31, 2016~~ April 11, 2016

Type of Report: (Check one)

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

Shannon I. Scully
Candidate Full Name (if applicable)

Town of Andover School Committee
Office Sought and District

34 School Street, Andover, MA 01810
Residential Address

E-mail: _____

Phone # (optional): (617) 967-6688

Scully for Andover
Committee Name

Sara A. Wells
Name of Committee Treasurer

12 Coventry Lane, Andover, MA 01810
Committee Mailing Address

E-mail: _____

Phone # (optional): (617) 797-3367

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	187.97
Line 2: Total receipts this period (page 3, line 11)	550
Line 3: Subtotal (line 1 plus line 2)	737.97
Line 4: Total expenditures this period (page 5, line 14)	737.97
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Citizens Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Sara A. Wells (Treasurer's signature) Date: 3/31/16

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: Shannon Scully (Candidate's signature) Date: 31 March 16

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 14, 2016	Giuliano, Melissa 10 Coventry Lane Andover, MA 01810	50	
Mar 16, 2016	Kindangen, Merlyn 9 Coderre Way Andover, MA 01810	100	
Mar 11, 2016	Layne, Felix 46 Wintergreen Drive North Andover, MA 01845	250	Vice President of Financial Planning and Analysis, DentaQuest Ventures, Inc.
Mar 18, 2016	Murray, Gina 3 Westcott Road Andover, MA 01810	100	Homemaker
Mar 14, 2016	Virmani, Sonia 19 Sunset Rock Road Andover, MA 01810	50	
Line 9: Total Receipts over \$50 (or listed above)		550	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		550	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			
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
Mar 16, 2016	Andover Classic Wines	209 North Main Street Andover, MA 01810	Beverages for victory party	133.7
Mar 21, 2016	Facebook	Online	Advertising	75.28
Mar 28, 2016	Scully, Shannon	34 School Street Andover, MA 01810	Loan repayment	418.99
Mar 28, 2016	Zipeto, John	14 Canterbury Street Andover, MA 01810	Visibility signs	80
Line 12: Total Expenditures over \$50 (or listed above)				707.97
Line 13: Total Expenditures \$50 and under* (not listed above)				30
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				737.97

* 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)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				

Enter on page 1, line 6 →

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



Commonwealth
of Massachusetts

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

RECEIVED
TOWN CLERK'S OFFICE

File with:
City or Town Clerk or Election Commission

4/22/2016

2016 APR 22 A 10:55

Reporting Period: Beginning: 3/5/2016 Ending: 4/11/2016

TOWN OF ANDOVER, MASS

Type of Report: 30 day after election

Alex Vispoli

Full Name of Candidate

Selectman, Andover

Office Sought/ District

7 Alison Way
Andover, MA 01810

Residential Address

Vispoli Committee

Committee Name

Michael Harvey

Name of Committee Treasurer

PO Box 55
Andover, MA 01810

Committee Address

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$14,185.91
Total receipts this period:	\$700.00
Subtotal:	\$14,885.91
Total expenditures this period:	\$3,484.93
Ending Balance:	\$11,400.98
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$19,000.00
Name of Bank Used:	Northmark Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

4/22/16

Affidavit of Candidate (check 1 box only) :

Candidate with Committee and no activity independent of the committee

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

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

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

Signed under the penalties of perjury:

Candidate's signature (in ink)

Date

4/22/16

Schedule A: Receipts

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

Date	Name and Residential Address	Amount	Occupation and Employer
4/4/2016	Barnett, Donna 9708 Wilden Ln Potomac, MD 20854	\$100.00	
4/4/2016	Curtis, James 23 Main St Andover, MA 01810	\$100.00	President Cooperstown Environmen
4/4/2016	Sannella, Maria 7 Warwick Cir Andover, MA 01810	\$100.00	
3/9/2016	Vispoli, Louis 80 Dogwood Ln Berkley Hts, NJ 07922	\$250.00	Retired Retired
Total Itemized Receipts:		\$550.00	
Total Unitemized Receipts:		\$150.00	
Total Receipts:		\$700.00	

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
3/16/2016	BW Graphics 790 Turnpike St North Andover, MA 01845	\$164.69	Cards For Mailers
3/9/2016	Cooperstown Environmental LLC 23 Main St Andover, MA 01810	\$100.00	Refund of Contribution Made By Business Check
3/16/2016	Mass G.O.P. 80 Merrimack St, Suite 400 Boston, MA 02114	\$2,552.76	Coordinated Campaign Services
3/22/2016	Palmer's 18 Elm St Andover, MA 01810	\$125.30	Food For Election Day Volunteers
3/25/2016	The Valley Patriot P.O. Box 453 North Andover, MA 01845	\$80.00	Advertising/event Sponsor
4/4/2016	US Post Office 10 Stevens St Andover, MA 01810	\$6.37	Postage
3/8/2016	Vogel Printing 300 Canal St Lawrence, MA 01840	\$455.81	Signs
Total Itemized Expenditures:		\$3,484.93	
Total Unitemized Expenditures:		\$0.00	
Total Expenditures:		\$3,484.93	

Schedule D: Liabilities

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

Date	To Whom Due	Amount	Purpose
2/16/2004	Vispoli (Loan), Alex 7 Alison Way Andover, MA 01810	\$1,000.00	Loan from candidate
4/12/2012	Vispoli (Loan), Alex 7 Alison Way Andover, MA 01810	\$18,000.00	Loan from candidate
Total Liabilities:		\$19,000.00	