



Commonwealth
of Massachusetts

ANDOVER TOWN CLERK
RCUD 2023 APR 27 PM2:16

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

File with:
City or Town Clerk or Election Commission

Reporting Period: Beginning: 3/21/2023 Ending: 4/27/2023

Type of Report: 2023 Post-election Report

Coffey, Kevin

Full Name of Candidate

N/A, No office *Municipal, Local Filer*

Office Sought/ District

1 Stafford Lane
Andover, MA 01810

Residential Address

Committee Name

Name of Committee Treasurer

Committee Address

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$874.32
Total receipts this period:	\$900.00
Subtotal:	\$1,774.32
Total expenditures this period:	\$1,686.63
Ending Balance:	\$87.69
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$1,000.00
Name of Bank Used:	

Affidavit of Committee Treasurer:

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

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, 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

27 APR 2023

Schedule A: Receipts

.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.

<u>Date</u>	<u>Name and Residential Address</u>	<u>Amount</u>	<u>Occupation and Employer</u>
3/31/2023	DeLisio, Frederick 100 Salem Street Andover, MA 01810	\$100.00	
4/4/2023	Nigh, Frank 11 Stevens Circle Andover, MA 01810	\$100.00	
3/27/2023	O'Donoghue, Mary 69 Salem Street Andover, MA 01810	\$500.00	Real Estate Agent William Raveis Real Estate
3/28/2023	Saryan, John 8 Odyssey Way Andover, MA 01810	\$100.00	
3/21/2023	Sweeney, Timothy 82 Church Street Bristol, RI 02809	\$100.00	
Total Itemized Receipts:		\$900.00	
Total Unitemized Receipts:		\$0.00	
Total Receipts:		\$900.00	

Schedule B: Expenditures

.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.

<u>Date</u>	<u>Name and Address</u>	<u>Amount</u>	<u>Purpose</u>
4/15/2023	Campaign Partner Po Box 118 Still River, MA 01467	\$4.95	Campaign Website
4/27/2023	Coffey, Kevin	\$676.30	
4/27/2023	Coffey, Kevin 1 Stafford Lane Andover, MA 01810	\$810.00	
3/22/2023	USPS 10 Stevens Street Andover, MA 01810	\$144.00	Stamps for friend cards
3/24/2023	USPS 10 Stevens Street Andover, MA 01810	\$48.00	Stamps for mail cards
Total Itemized Expenditures:		\$1,683.25	
Total Unitemized Expenditures:		\$3.38	
Total Expenditures:		<u>\$1,686.63</u>	

Schedule D: Liabilities

.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.

<u>Date</u>	<u>To Whom Due</u>	<u>Reduction</u>	<u>Loan Amount</u>	<u>Purpose</u>
3/20/2023	Coffey, Kevin 1 Stafford Lane Andover, MA 01810		\$1,810.00	
4/27/2023	Coffey, Kevin 1 Stafford Lane Andover, MA 01810	(\$810.00)		
	Outstanding Liabilities:		<u>\$1,000.00</u>	

Schedule R: Reimbursements

Date Reimbursee
4/27/2023 Coffey, Kevin

Total Amount
\$676.30



Commonwealth
of Massachusetts

Form CPF R1: Itemization of Reimbursements
Office of Campaign and Political Finance

ANDOVER TOWN CLERK
RCUD 2023 APR 27 PM2:16

File with:
City or Town Clerk or Election Commission

<u>Coffey</u>	<u>Committee Name</u>
<i>Individual Being Reimbursed</i>	<u>4/27/2023</u>
<u>\$676.30</u>	<u>Date of Reimbursement</u>
<i>Amount of Reimbursement</i>	

<u>Date</u>	<u>Name And Address</u>	<u>Amount</u>	<u>Purpose</u>
3/21/2023	Minuteman Press 362 North Main Street Andover, MA 01810	\$272.00	Friend cards
3/24/2023	Minuteman Press 362 North Main Street Andover, MA 01810	\$356.30	Mail cards
3/23/2023	USPS 10 Stevens Street Andover, MA 01810	\$48.00	Stamps for friend cards



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

2023 APR 28 PM 5:56

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/20/2023 Ending Date: 4/27/2023
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

Lauren M. Conoscenti
Candidate Full Name (if applicable)
Andover School Committee
Office Sought and District
129 Rattlesnake Hill Road, Andover, MA 01810
Residential Address
E-mail: lconoscenti@yahoo.com
Phone # (optional): 617-669-3000

Lauren Conoscenti for Andover
Committee Name
Thomas Esposito
Name of Committee Treasurer
129 Rattlesnake Hill Road, Andover, MA 01810
Committee Mailing Address
E-mail: tmesposito00@gmail.com
Phone # (optional): 617-504-1899

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	901.21
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	901.21
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	901.21
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	1100
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: Thomas Esposito (Treasurer's signature) Date: 4/27/2023

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

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

Candidate without Committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Lauren Conoscenti (Candidate's signature) Date: 4/27/2023

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Total Expenditures over \$50 (or listed above)				0
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				0

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (or listed above)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
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
3/5/2020	Lauren Conoscenti	129 Rattlesnake Hill Road Andover, MA 01810	Loan to purchase postage stamps	1100
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	1100



Commonwealth
of Massachusetts

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

RECEIVED
TOWN CLERK'S OFFICE

2023 MAY -3 AM 9:40

File with:
City or Town Clerk or Election Commission

TOWN OF ANDOVER, MASS

Reporting Period: Beginning: 3/11/2023 Ending: 4/17/2023

Type of Report: 2023 Post-election Report

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

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

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$416.35
Total receipts this period:	\$2,700.00
Subtotal:	\$3,116.35
Total expenditures this period:	\$2,605.94
Ending Balance:	\$510.41
<hr/>	
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of Bank Used:	

Affidavit of Committee Treasurer:

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

4/22/23

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, 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

4/22/23

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.

<u>Date</u>	<u>Name and Residential Address</u>	<u>Amount</u>	<u>Occupation and Employer</u>
3/20/2023	Doherty, Shella 9 Juniper Road Andover, MA 01810	\$2,700.00	Insurance Broker Doherty Insurance Agency

Total Itemized Receipts:	\$2,700.00
Total Unitemized Receipts:	\$0.00
Total Receipts:	<u>\$2,700.00</u>

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.

<u>Date</u>	<u>Name and Address</u>	<u>Amount</u>	<u>Purpose</u>
3/12/2023	Minuteman Press 362 North Main Street Andover, MA 01810	\$536.04	Post Cards
3/15/2023	Minuteman Press 362 North Main Street Andover, MA 01810	\$725.90	Post Cards
3/15/2023	USPS 10 Stevens Street Andover, MA 01810	\$1,344.00	
	Total Itemized Expenditures:	\$2,605.94	
	Total Unitemized Expenditures:	\$0.00	
	Total Expenditures:	<u>\$2,605.94</u>	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE
2023 MAY -9 PM 2:57

TOWN OF ANDOVER, MASS

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: March 11, 2023 Ending Date: April 17, 2023

Type of Report: (Check one)

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

Laura M. Gregory
Candidate Full Name (if applicable)

Andover Select Board, Town of Andover
Office Sought and District

5 Embassy Lane, Andover, MA 01810
Residential Address

E-mail: lmeyergregory@yahoo.com

Phone # (optional): _____

Committee to Elect Laura Gregory
Committee Name

Sara A.W. Blais
Name of Committee Treasurer

12 Coventry Lane, Andover, MA 01810
Committee Mailing Address

E-mail: saalexswells@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	280.07
Line 2: Total receipts this period (page 3, line 11)	475.00
Line 3: Subtotal (line 1 plus line 2)	755.07
Line 4: Total expenditures this period (page 5, line 14)	7.97
Line 5: Ending Balance (line 3 minus line 4)	747.10
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>Citizens 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: Sara A.W. Blais (Treasurer's signature) Date: 5/9/23

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

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

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

Signed under the penalties of perjury: Karina M. Gregory (Candidate's signature) Date: May 9, 2023

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)
3/12/23	Andover Democratic Town Committee P. O. Box 1746 Andover, MA 01810	250.00	town committee
3/18/23	Ruma, Joseph 15 Blueberry Circle Andover, MA 01810	100.00	
3/12/23	Townson, Ellen 23 Glenwood Road Andover, MA 01810	100.00	
Line 9: Total Receipts over \$50 (or listed above)		450.00	
Line 10: Total Receipts \$50 and under* (not listed above)		25.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		475.00	← 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)
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

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

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

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

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK'S OFFICE

2023 MAY -1 AM 9:59

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 03/11/2023 Ending Date: 04/17/2023

Type of Report: (Check one)

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

Keith M. Saxon
Candidate Full Name (if applicable)

Moderator, Town of Andover
Office Sought and District

15 Wethersfield Drive, Andover MA 01810
Residential Address

E-mail: ksaxon@aol

Phone # (optional): _____

Committee to Elect Kelth Saxon Moderator
Committee Name

Krystal Solimine
Name of Committee Treasurer

15 Wethersfield Drive, Andover MA 01810
Committee Mailing Address

E-mail: krystalsol

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2079.72
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	2079.72
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	2079.72
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	1491.88
Line 8: Name of bank(s) used: <u>Enterprise 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: 4/27/2023

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: Keith M. Saxon (Candidate's signature) Date: 4/27/2023

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)		0	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		0	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THE PERIOD			

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

Enter on page 1, line 6 →

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
3/12/2022	Keith Saxon	15 Wethersfield Drive Andover MA 01810	Office Supplies (Amazon)	441.10
3/14/2022	Keith Saxon	15 Wethersfield Drive Andover MA 01810	Printing Services (Goodway Graphics)	495.34
3/21-12/21/22	Keith Saxon	15 Wethersfield Drive Andover MA 01810	Monthly Maintenance Fees - Website & related services (Wix.com Ltd)	63.70
1/21-3/21/23	Keith Saxon	15 Wethersfield Drive Andover MA 01810	Website & related services including monthly maint fees (Wix.com Ltd)	325.44
3/18-3/25/23	Keith Saxon	15 Wethersfield Drive Andover MA 01810	Printing Services (Staples)	166.30
Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			1491.88



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ANDOVER TOWN CLERK
RCUD 2023 APR 27 AM 9:59

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/11/23 Ending Date: 4/17/23

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

Donald F Schroeder
Candidate Full Name (if applicable)
Trustee of the Punchard Free School
Office Sought and District
204 Haggetts Pond, Andover MA 01810
Residential Address
E-mail: dschroe153@aol.com
Phone # (optional): _____

Nonw
Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="0"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="0"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="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="None"/>

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

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

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

Candidate without Committee
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Donald F Schroeder (Candidate's signature) Date: 4/18/23



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ANDOVER TOWN CLERK
RCUD 2023 APR 14 PM 2:24

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Mar 11, 2023 Ending Date: Apr 17, 2023

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

William Walsh
Candidate Full Name (if applicable)
Trustee of the Punchard Free School
Office Sought and District
500 Lowell St. Andover, Ma 01810
Residential Address
E-mail: _____
Phone # (optional): _____

Committee to elect Billy Walsh
Committee Name
John Walsh
Name of Committee Treasurer
500 Lowell St. Andover, Ma 01810
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	45.00
Line 2: Total receipts this period (page 3, line 11)	240.00
Line 3: Subtotal (line 1 plus line 2)	285.00
Line 4: Total expenditures this period (page 5, line 14)	248.93
Line 5: Ending Balance (line 3 minus line 4)	36.07
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used:	The Savings Bank 84 Main St. Andover, Ma

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: _____ (Treasurer's signature) Date: Apr 11, 2023

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

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

Candidate without Committee
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: _____ (Candidate's signature) Date: 4/14/2023

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)
3/11/2023	John Walsh 500 Lowell St. Andover, Ma 01810	240.00	
Line 9: Total Receipts over \$50 (or listed above)		240.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		240.00	← Enter on page 1, line 2

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* 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
3/16/2023	Vistaprint	275 Wyman St. Waltham, Mass 02451	Door Hangers	248.93
Line 12: Total Expenditures over \$50 (or listed above)				248.93
Line 13: Total Expenditures \$50 and under* (not listed above)				0.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD				248.93

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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.