



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CITY/TOWN OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2016 Ending Date: Dec 31, 2016 **11 P 1:14**

Type of Report: (Check one)

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

Joel Blumstein
Candidate Full Name (if applicable)

Andover School Committee
Office Sought and District

3 Athena Circle, Andover, MA 01810
Residential Address

E-mail: jejb95@gmail.com

Phone # (optional): _____

Committee to Elect Joel Blumstein
Committee Name

Irene Pien
Name of Committee Treasurer

5 Athena Circle, Andover, MA 01810
Committee Mailing Address

E-mail: ipien@comcast.net

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	117.97
Line 2: Total receipts this period (page 3, line 11)	1
Line 3: Subtotal (line 1 plus line 2)	118.97
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	118.97
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>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: Irene Pien (Treasurer's signature) Date: 1/9/2017

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: JB (Candidate's signature) Date: 1/9/17



**Form CPF D 102 : Campaign Finance Report
Office of Campaign and Political Finance**

RECEIVED
CAMPAIGN'S OFFICE

2017 JAN -6 A 11:41

File with: Director
Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

CPF ID# _____

ANDOVER, MAS

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning 1/1/2017 Ending 1/31/2017

Type of report: (Check one)
 Initial Report Year-end Report Dissolution Report Other

Ann Teresa Cobleigh
Full Name of Candidate
Selectman, Andover, MA
Office Sought/District
232 N. Main St. Apt 2, Andover, MA 01810
Residential Address
978-387-7160
Tel. No. (optional)

Committee to Elect Ann Cobleigh
Committee Name
Steven Cobleigh
Name of Committee Treasurer
4 Englewood Rd, Gloucester MA 01930
Committee Mailing Address
508-353-4240
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>89.54</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>0.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>89.54</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>89.54</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>0.00</u>

Line 6: Total in-kind contributions this period (page 3)	\$ <u>730.40</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>730.40</u>
Line 8: Name of bank(s) used	<u>Peoples United Bank-Account closed</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 (in ink)

1/1/17
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 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 Cobleigh
Candidate signature (in ink)

1/1/17
Date

SCHEDULE A: RECEIPTS

INITIAL REPORT: Report any receipts received before appointing the depository bank

OTHER REPORTS: You may omit schedule A information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your receipts on lines 9 - 11.

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 Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
	None			
Line 9: Total receipts in excess of \$50		\$0.00		
Line 10: Total receipts \$50 and under		\$0.00		
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$0.00		Enter on page 1, line 2.

SAVINGS ACCOUNT INFORMATION

Are there any campaign funds on deposit in savings accounts/CDs etc.? No (go to page 3) Yes

If yes, complete the following:

Name(s) of Bank(s) and/or CDs	Amount in account/CD etc.	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
SAVINGS ACCOUNT/CD TOTAL:		\$ _____

All funds held in savings accounts, CDs etc. should be included in line 5, (ending balance) on page 1.

SCHEDULE B: EXPENDITURES

INITIAL REPORT: Report any expenditures made before appointing the depository bank.

OTHER REPORTS: You may omit schedule B information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your expenditures on lines 12 - 14.

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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
	Repayment to Ann Cobleigh			\$89.	54
Line 12: Expenditures over \$50				\$89.	54
Line 13: Expenditures \$50 and under				\$0.	00
Line 14: TOTAL EXPENDITURES				\$89.	54

Enter on page 1, line 4

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

In-kind contributions are not reported by a depository bank. You must report all in-kind contributions for the reporting period on this form (or attached sheets). 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	Debt forgiveness			\$730.40
Line 15: In-kind over \$50				\$730.40
Line 16: In-kind \$50 and under				\$0.00
Line 17: Total In-kind				\$730.40

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 contributor has given an aggregate amount of \$200 or more in a calendar year, the contributor's occupation and employer must also be reported.

This page may be copied if additional pages are required to report all expenditures or all in-kind contributions. Please include your committee name, CPF ID# and a page number on each page.

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
2/24/2012	Ann Cobleigh	21 Magnolia Ave, Andover	Loan for production of 200 yard signs	\$730.40
Enter on page 1, line 7.			Line 18: OUTSTANDING LIABILITIES (ALL)	\$730.40

SCHEDULE E: DISCLOSURE OF ASSETS STATEMENT

All candidates and committees must fill in part A or part B.

Part A:

No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset <small>Include year, model or other identifying information, if applicable.</small>	Date Acquired	Present Location	Manner Acquired	Cost/Value
None				

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset <small>Include year, model or other identifying information, if applicable.</small>	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value <small>Attach statement of how value is determined.</small>
None				

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

* An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

This page may be copied if additional pages are required to report all liabilities or assets. Please include your committee name, CPF ID# and a page number on each page.





Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK'S OFFICE

2017 JAN -4 P 2:43

File with: City or Town Clerk or Election Commission

JAN OF AND 1/3/2017 SS

Reporting Period - Beginning: 4/12/2016 Ending: 12/31/2016

Type of report: Year-end

Table with 2 columns: Candidate Information (Sheila M Doherty, Moderator, 9 Juniper Road, Andover, MA 01810) and Committee Information (The Doherty Committee, James D Doherty Jr, 45 Martingale Lane, Andover, MA 01810)

SUMMARY BALANCE INFORMATION

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

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

Handwritten signature of James D Doherty Jr.

1/3/17

Treasurer's signature (in ink)

Date

Affidavit of Candidate (check 1 box only) :

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

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

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

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

Signed under the penalties of perjury:

Handwritten signature of Sheila M Doherty.

Schedule A: Receipts

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

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

Schedule B: Expenditures

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

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

Schedule C: "Inkind" Contributions

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

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

Schedule D: Liabilities

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

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan. 1, 2016 Ending Date: Dec. 31, 2016

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

Marilyn M. Fitzgerald
Candidate Full Name (if applicable)

Greater Lawrence Reg. Voc. Tech School Committee
Office Sought and District

25 Washington Ave, Andover, MA 01810
Residential Address

Telephone Number (optional): 978.425.4118

Comm. to elect Marilyn Fitzgerald
Committee Name

Michael Spring
Name of Committee Treasurer

16 Brady Loop, Andover, MA 01810
Committee Mailing Address

Telephone Number (optional): _____

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

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

Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 1/20/17

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

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

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

Signed under the penalties of perjury: Marilyn M. Fitzgerald (Candidate's signature) Date: 1-20-2017

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)	- 0 -
Line 10: Total Receipts \$50 and under* (not listed above)	- 0 -
Line 11: TOTAL RECEIPTS IN THE PERIOD	- 0 -

← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

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

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

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

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

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 -
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	✓ 0 ✓

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

- 0 -



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Apr 12, 2016 Ending Date: Dec 31, 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 Circle, Andover, MA 01810
Committee Mailing Address

E-mail: ipien@comcast.net

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	3,291.56
Line 2: Total receipts this period (page 3, line 11)	1
Line 3: Subtotal (line 1 plus line 2)	3,292.56
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	3,292.56
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Enterprise Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 1/9/2017

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: January 9, 2017

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)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

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

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

Enter on page 1, line 4 →

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
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)				
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. Page 6



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CITY CLERK'S OFFICE

JAN 20 A 11:58

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/12/2016 Ending Date: 12/31/2016

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 01810
Residential Address
E-mail: Danny grams @ 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: denny grams @ gmail.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1,732.45</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1,732.45</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1,732.45</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0.00</u>
Line 8: Name of bank(s) used:	<u>SANTANDER</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Michael Besser (Treasurer's signature) Date: 1/19/16

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: Daniel T. Grams (Candidate's signature) Date: 1/19/2016

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)
Line 9: Total Receipts over \$50 (or listed above)		0.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		0.00	← 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)	0.00
Line 10: Total Receipts \$50 and under* (not listed above)	0.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	0.00

← 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
Line 12: Total Expenditures over \$50 (or listed above)				0.00
Line 13: Total Expenditures \$50 and under* (not listed above)				0.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD				0.00

Enter on page 1, line 4 →

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				0.00
Line 13: Expenditures \$50 and under* (not listed above)				0.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD				0.00

Enter on page 1, line 4 →

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (or listed above)				0.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				0.00
Line 17: TOTAL IN-KIND CONTRIBUTIONS				0.00

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

0.00



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

City or Town of: Andover

Please print or type all information, except signatures

Reporting Period: Beginning: 1/1/2016 Ending: 12/31/2016
(MM/DD/YYYY) (MM/DD/YYYY)

Type of Report: (Check One)

- 8th day preceding preliminary/primary 8th day preceding election 30th day following election (town or special) 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
12/12/16	Charles Hanes	<i>Charles Hanes</i>	3 Prides Circle, Andover	Punchard Free School Trustee

RECEIVED
 MUNICIPAL CLERK'S OFFICE
 2016 DEC 16 3:47
 OFFICE OF CAMPAIGN FINANCE



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

Please print or type all information, except signatures

City or Town of: Andover

Reporting Period: Beginning: 1/1/2016 Ending: 12/31/2016
(MM/DD/YYYY) (MM/DD/YYYY)

Type of Report: (Check One)

- 8th day preceding preliminary/primary 8th day preceding election 30th day following election (town or special) 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

- I certify that I am a candidate for or currently hold Municipal Office.
- I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- I certify that I do not have a political committee.

DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
<u>Jan 20 2016</u>	Randall L. Hanson	<i>Randall L. Hanson</i>	15 Pasho Street, Andover	Punchard Free School Trustee

RECEIVED
TOWN OF ANDOVER, MASS
DEC 19 PM 4:03



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

RECEIVED
CLERK'S OFFICE
2017 JAN 20 P 3:57

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/16 Ending Date: 12/31/17

Type of Report: (Check one)

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

DAVID H KOWALSKI
Candidate Full Name (if applicable)

SERGEANT
Office Sought and District

24 ENFIELD DR ANDOVER
Residential Address MA 01910

Telephone Number (optional): _____

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>879.13</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>879.13</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>879.13</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>1251.39</u>
Line 8: Name of bank(s) used:	<u>GASTON BANK</u>

Affidavit of Committee Treasurer:

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

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

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

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

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

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 01/20/17

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)	<input type="text"/>
Line 10: Total Receipts \$50 and under* (not listed above)	<input type="text"/>
Line 11: TOTAL RECEIPTS IN THE PERIOD	<input type="text"/>

← 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
12/31/16	DANIEL KOWALSKI	24 GUNTER DR ANDOVER MA	REPAYMENT OF LOAN	879.13

Line 12: Total Expenditures over \$50 (or listed above)	879.13
Line 13: Total Expenditures \$50 and under* (not listed above)	—
Line 14: TOTAL EXPENDITURES IN THE PERIOD	879.13

Enter on page 1, line 4 →

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
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)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
3/11-3/24 2015	DANIEL KOWALSKI	24 GURKIN DR ANDOVER MA	OUTSTANDING LOAN BALANCE	1251.39
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	1251.39



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CLERK'S OFFICE

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

2017 JAN 11 P 4: 32

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: **1/1/2016** 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

Robert A. Landry
Candidate Full Name (if applicable)

Board of Selectmen, Andover, MA
Office Sought and District

4 Seminole Circle, Andover, MA 01810
Residential Address

Telephone Number (optional):

Committee to Elect Bob Landry
Committee Name

Richard Jackson
Name of Committee Treasurer

4 Seminole Circle, Andover, MA 01810
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,205.04
Line 2: Total receipts this period (page 3, line 11)	3,130
Line 3: Subtotal (line 1 plus line 2)	4,335.04
Line 4: Total expenditures this period (page 5, line 14)	1,570.23
Line 5: Ending Balance (line 3 minus line 4)	2,764.81
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:	<input type="text" value="Enterprise Bank"/>

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

Signed under the penalties of perjury: *[Signature]* (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 (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
	See attached Schedule B Committee to Elect Bob Landry			
Line 12: Total Expenditures over \$50 (or listed above)				1,570.23
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,570.23

Enter on page 1, line 4 →

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

SCHEDULE B: EXPENDITURES (continued)

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

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 A: Receipts (Committee to Elect Bob Landry)

Occupation & Employer
Zip (for contributions of \$200 or more.)

Date	Amount	Last Name	First Name	Address	City	State	Zip	Occupation & Employer
2/15/2016	100.00	Gifun	Jane	9 Castle Heights Road,	Andover,	MA	01810	retired
2/15/2016	50.00	Bassilakis	Constantine	33 Dascomb Rd	Andover	MA	01810	retired
2/16/2016	100.00	Eames	Catherine	6 Fairway Drive	Andover	MA	01810	rental agent
2/23/2016	50.00	Kiley	Mark	342 North Main Street	Andover	MA	01810	-
2/24/2016	250.00	Arai	Max	66 County Road	Andover	MA	01810	retired
2/24/2016	200.00	Charland	Mike	180 Main Street	Andover	MA	01810	-
2/24/2016	50.00	dwyer	John	10 heritage lane	andover	MA	01810	banker
2/24/2016	50.00	Axelrod	Jane	8 Moreland Ave.	Andover	MA	01810	-
2/24/2016	100.00	RUBENSTEIN	PETER	6 RENNIE DRIVE	ANDOVER	MA	01810	PRESIDENT
2/27/2016	100.00	Leeds	J.	3 Pilgrim Drive	ANDOVER	MA	01810	Retired
2/29/2016	25.00	wilson	herbert	19 sagamore drive	andover	MA	01810	retired
2/29/2016	100.00	Spangenberg	Susan	16 Leah Way	Andover	MA	01810	-
4/2/2016	50.00	Sofia	Tony	29 Gray Road	Andover	MA	01810	retired
4/3/2016	25.00	Cromer	Cindy	3 Island way	Andover	MA	01810	Project Manager/Sales Representative
4/7/2016	25.00	Cavaliaro	Seb	480 S Main St	Andover	MA	01810	-
4/10/2016	50.00	Postal	Karen	16 Bobby Jones Drive	Andover	MA	01810	Neuropsychologist
4/10/2016	100.00	Ercolini	Bob	195 bridle path	North andover	MA	01845	Executive
4/12/2016	25.00	Beinart	Daniel	130 Hidden Rd	Andover	MA	01810	Patent agent
4/18/2016	500.00	Berberian	James	37 Andover Country Club Lane	Andover	MA	01810	Self-employed business owner
4/22/2016	50.00	Licata	Frank	5 Lamancha Way	Andover	MA	01810	-
6/8/2016	20.00	Beaurcaire	James	1 Samos Lane	Andover	MA	01810	Owner/President
6/9/2016	100.00	Finneranir	William	11 Strawberry Hill RD	Andover	MA	01810	Healthcare Consulting
6/22/2016	100.00	Anderson	Richard	10 Cutler Rd	Andover	MA	01810	Retired
6/27/2016	50.00	Ardizzone	Janet	4 Marie Dr	Andover	MA	01810	-
7/7/2016	50.00	Ward	Robert	13 Tilton Lane	Andover	MA	01810	Retired
7/9/2016	50.00	bigelow	Jack	10 wabanaki way	andover	MA	01810	sales
7/9/2016	50.00	Axelrod	Jane	8 Moreland Ave.	Andover	MA	01810	-
7/29/2016	125.00	Johnson	Renita	62 abbot st	Andover	MA	01810	-
9/19/2016	50.00	Israel	Scott	88 abbot st	Andover	MA	01810	-
10/17/2016	100.00	Sofia	Tony	29 Gray Road	Andover	MA	01810	retired
10/18/2016	20.00	Trotola	Gregory	6 Rogers Brook East	Andover	MA	01810	Health care management
10/28/2016	100.00	ercolini	robert	195 Bridle Path	North Andover	MA	01845	Executive
11/21/2016	25.00	wilson	herbert	19 sagamore dr	andover	MA	01810	retired
11/21/2016	25.00	wilson	herbert	19 sagamore dr	andover	MA	01810	retired
11/21/2016	50.00	Miller	Martha	47 Rattlesnake Hill Road	Andover	MA	01810	-
12/30/2016	190.00	Pasquale	david	5445 Brookberry Farm Road	winston salem	NC	27106	-
12/31/2016	25.00	Witman	Peter	48 Haggetts Pond Road	Andover	MA	01810	Manufacturing Engineer

\$ 3,130.00

Schedule B: Expenditures (Committee to Elect Bob Landry)

Date	Amount	Purpose	Name	Address	City	State	Zipcode	Type
3/2/2016	\$ 1,000.00	Phone Service	Linda Lecomte	121 Ballardvale Road	Andover	MA	01810	Check
3/7/2016	\$ 120.00	Refund Donation	KC Visuals Unlimited	PO Box 1628	Tewksbury	MA	01876	Check
4/7/2016	\$ 250.00	Consulting	Linda Lecomte	121 Ballardvale Road	Andover	MA	01810	Check
	\$ 200.23	Fundraising Fees	FundRazr	171 Water Street	Vancouver	BC	V681A7	Netted
	\$ 1,570.23							

(for reporting period 1/1/2016-12/31/2016)



Form CPF M 102: Campaign Finance Report Municipal Form

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TOWN CLERK'S OFFICE

Office of Campaign and Political Finance

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TOWN CLERK'S OFFICE

Commonwealth
of Massachusetts

2017 JAN -4 A 11: 16

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="3955.98"/>
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="3955.98"/>
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="3955.98"/>
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="Merrimack Valley Federal Credit Union"/>

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

Signed under the penalties of perjury: Elizabeth Bigelow (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.

B.P.M.

SCHEDULE A: RECEIPTS (continued)

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

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

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

Line 11: TOTAL RECEIPTS IN THE PERIOD -0-

← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Total Expenditures over \$50 (or listed above)				-0-
Line 13: Total Expenditures \$50 and under* (not listed above)				-0-
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

SCHEDULE B: EXPENDITURES (continued)

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

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

Enter on page 1, line 4 →

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2016 Ending Date: 12/31/2016

Type of Report: (Check one)

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

Susan McCready
Candidate Full Name (if applicable)

School Committee
Office Sought and District

8 Dean Circle, Andover, MA 01810
Residential Address

E-mail: _____

Phone # (optional): 9786239993

Committee to elect Susan McCready for school committee
Committee Name

Nicole Allen
Name of Committee Treasurer

30 Wright Ave, North Andover, MA 01845
Committee Mailing Address

E-mail: nrivett2@hotmail.com

Phone # (optional): 6174358284

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>807.91</u>
Line 2: Total receipts this period (page 3, line 11)	<u>350.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1,157.91</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1,157.91</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>Ø</u>
Line 6: Total in-kind contributions this period (page 6)	<u>Ø</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>1,356.33</u>
Line 8: Name of bank(s) used:	<u>TD Bank</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Ma (Treasurer's signature) Date: 1/10/17

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: SMcCready (Candidate's signature) Date: 1/18/17

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/7	TD Bank 451 ANDOVER ST N. ANDOVER, MA 01845	\$25 -	Referral of Bank Fees
3/17	"	225 -	"
10/17	"	100	"
Line 9: Total Receipts over \$50 (or listed above)		350	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		350	← 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
10/17/16	Susan McCreedy	8 Dean Circle Andover, MA 01810	Mailing /stamps Reimbursement	932.91
1/1-930	TD BANK	451 Andover St N. Andover, MA 01845	Maintenance Fee	225
Line 12: Total Expenditures over \$50 (or listed above)				1,157.91
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,157.91

Enter on page 1, line 4 →

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

SCHEDULE 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)				
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.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED
CITY CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/12/16 Ending Date: 12/31/16

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

Paul D Murphy
Candidate Full Name (if applicable)
Andover School committee
Office Sought and District
6 School St, Andover MA 01810
Residential Address
E-mail: pmurphy@andover.edu
Phone # (optional): _____

committee to Elect Paul Murphy
Committee Name
Sarah 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	<u>\$1076.95</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$1076.95</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$1076.95</u>
Line 6: Total in-kind contributions this period (page 6)	_____
Line 7: Total (all) outstanding liabilities (page 7)	_____
Line 8: Name of bank(s) used:	<u>T.D. 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: Sarah C Pendleton (Treasurer's signature) Date: 1-20-17

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

ACP 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: 1/20/17



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

Commonwealth
of Massachusetts

Please print or type all information, except signatures.

City or Town of: Andover Reporting Period: Beginning: 1/1/2016 Ending: 12/31/2016
 (MM/DD/YYYY) (MM/DD/YYYY)

Type of Report: (Check One)
 8th day preceding preliminary/primary 8th day preceding election 30th day following election (town or special) 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
12/9/16	Francis A. O'Connor	<i>Francis A. O'Connor</i>	22 Railroad St, #203, Andover	Andover Housing Authority

RECEIVED
 2016 DEC - 9 P 3:25
 ANDOVER, MASS



Commonwealth of Massachusetts

Form CPF M 102-0: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
OFFICE OF CAMPAIGN AND POLITICAL FINANCE

City or Town of: Andover Reporting Period: Beginning: 1/1/2016 Ending: 12/31/2016 (MM/DD/YYYY) (MM/DD/YYYY)

Type of Report: (Check One)

- 8th day preceding preliminary/primary 8th day preceding election 30th day following election (town or special) 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

DATE	PRINT NAME	SIGNATURE <small>Signed under the penalties of perjury</small>	RESIDENTIAL ADDRESS <small>(Street and Number)</small>	OFFICE SOUGHT
12/13/2016	John K. O'Donohue	<i>[Signature]</i>	32 Lucerne Drive, Andover	Andover Housing Authority

TOWN OF ANDOVER MASS

2016 DEC 15 P 2:06



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: April 17, 2016 Ending Date: December 31, 2016

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

Robert Palcress
Candidate Full Name (if applicable)
School Committee
Office Sought and District
3 Cherrywood Circle, Andover, MA 01810
Residential Address
E-mail: _____
Phone # (optional): _____

Bob Palcress for School Committee
Committee Name
William J. Josephson
Name of Committee Treasurer
3 Cherrywood Circle, Andover, MA 01810
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$ 0.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 223.40</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 223.40</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 223.40</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 0.00</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$ 166.76</u>
Line 8: Name of bank(s) 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, 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: 1/12/17

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: Bob Palcress (Candidate's signature) Date: 1/12/17

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/19/16	Bob Polkress 3 cherry wood circle Andover, MA 01810	\$223.40	VP Image Fitness Corp.

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 \$223.40

← 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
4/19/16	Krystal Solimine	RE/MAX Partners 44 Park St. Andover, MA 01810	Candidate Ad	\$223.40
Line 12: Expenditures over \$50 (or listed above)				1
Line 13: Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$223.40

Enter on page 1, line 4 →

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
3/9/16	Bob Polkress	3 Cherrywood Circle Andover, MA 01810	Campaign Loan	\$46.76
3/11/16	KC Visuals Unlimited, Inc.	PO BOX 1628 Flecksburg, MA 01876	Candidate Ad	\$120.00
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				\$166.76



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CLERK'S OFFICE

File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.

2017 JAN 20 P 3:33

Fill in dates:

Reporting Period Beginning April 12 2016 Ending December 31 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
Full Name of Candidate (if applicable)
Selectman - Andover, Ma.
Office Sought and District
283 So. Main Street Andover, Ma. 01810
Residential Address
Tel. No. (optional)

The Salafia Committee
Committee Name
Margaret G. Salafia
Name of Committee Treasurer
283 So. Main Street Andover, Ma. 01810
Committee Mailing Address
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>3494.50</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>2175.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>5669.50</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>4296.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>1373.50</u>

Line 6: Total in-kind contributions this period (page 4)	\$ _____
Line 7: Total (all) outstanding liabilities (page 4)	\$ _____
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 1/18/17
Treasurer's signature (in ink) Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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] 1/18/17
Candidate signature (in ink) 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.

This page may be copied 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)
4/26/16	Andrew Chaban 21 Beacon Ridge Andover, MA 01810	250 00	OWNER Real Estate Developer
4/26	Jettily Doggett 84 Johnson Street Andover, MA 01845	150 00	V.P. McInnis College
4/26	David Vincag 12 Patriot Drive Andover, MA 01810	500 00	Retired BUSINESS OWNER
4/26	Richard Santagati 13 Fairfield Circle Andover, MA 01810	250 00	Retired
4/26	1011: Sumburg 36 Essex St. Andover, MA 01810	250 00	INVESTMENT BUSINESS OWNER
5/26/16	Thomas Walsh 9 Pembroke Way Andover, MA 01810	500 00	OWNER TOWN MARKET STORE ANDOVER
	Line 9: Total receipts in excess of \$50 (or listed above)	1900 00	
	Line 10: Total receipts \$50 and under* (not listed above)	275 00	
	Line 11: TOTAL RECEIPTS IN THE PERIOD	2175 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.

This page may be copied 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	
040 9/29/16	Andover Historical Society	Main St. Andover	Fundraiser	175	00
038 5/10	American Express	P.O. Box 1270 Newark NJ 07101	Minute man Press	2376	00
5/10	American Express	P.O. Box 1270 Newark, NJ 07101	Salvatore's	1515	00
037 4/19	Carole Foster	142 Pleasantville St. Methuen, Ma. 02844	Bookkeeping Ser.	150	00
039 5/11	John Zipeto	14 Canterbury St. Andover, Ma. 01810	Sign Panels	80	00
Line 12: Expenditures over \$50				4296	00
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES				4296	00

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	0

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

SCHEDULE D: LIABILITIES

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

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
OFFICE OF THE CLERK OF THE SUPERIOR COURT

File with: City or Town Clerk or Election Commission
JAN 18 P 3:00

Fill in Reporting Period dates: Beginning Date: 1-1-2016 Ending Date: 12-31-2016

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)
PUNCHARD FREE SCHOOL TRUSTEE
Office Sought and District
204 HAGGETTS POND ROAD
Residential Address
Telephone Number (optional): 978-681-8509

Committee Name
Name of Committee Treasurer
Committee Mailing Address
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) 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, 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: Donald F Schroeder (Candidate's signature) Date: 1-15-17



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

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

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="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="N/A"/>

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

Signed under the penalties of perjury: (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)
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
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				

Enter on page 1, line 4 →

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Expenditures over \$50 (or listed above)	
			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)				
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.

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)**



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: 11/1/16 Ending Date: 12/31/16

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

Neil Senior
Candidate Full Name (if applicable)
Selectman
Office Sought and District
14 Alderbrook Ave, Andover, MA
Residential Address
E-mail: neilsenior@comcast.net
Phone # (optional): 781-248-6079

Senior for Selectman
Committee Name
Mark Ventre
Name of Committee Treasurer
P.O. Box 1257 Andover MA
Committee Mailing Address
E-mail: _____
Phone # (optional): 978-852-0171

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>36.60</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>36.60</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>36.60</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>504.90</u>
Line 8: Name of bank(s) used:	<u>Lowell Five</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: 2/8/17

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: 2/8/17

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
3/6/15	Senior, Neil	14 Alderbrook Rd Andover, MA 01810	Outstanding balance of candidate loan	435.38
3/24/15	Senior, Neil	14 Alderbrook Rd Andover, MA 01810	campaign costs paid with personal funds	69.52
Enter on page 1, line 7 →		Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		504.90

RECEIVED
 OFFICE
 2015 FEB - 9 P 3 21
 TOWN OF ANDOVER, MASS



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
IN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: 2017 Beginning Date: 1/1/2016 Ending Date: 12/31/2016

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

Ted Teichert
Candidate Full Name (if applicable)

School Committee
Office Sought and District

5 Dufton Road, Andover, MA 01810
Residential Address

E-mail: _____

Phone # (optional): _____

Committee to Elect Ted Teichert
Committee Name

Jackie Branscombe
Name of Committee Treasurer

39 Linwood St, Andover, MA 01810
Committee Mailing Address

E-mail: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2277.25
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	2277.25
Line 4: Total expenditures this period (page 5, line 14)	210.00
Line 5: Ending Balance (line 3 minus line 4)	2067.25
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

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: Jackie Branscombe (Treasurer's signature) Date: 1/18/17

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: Jackie Branscombe (Candidate's signature) Date: 1/18/17

SCHEDULE B: EXPENDITURES (continued)

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

Enter on page 1, line 4 →

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



Commonwealth
of Massachusetts

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

RECEIVED
OFFICE OF CAMPAIGN AND POLITICAL FINANCE

1/15/2017

JAN 19 P 1:35

File with:
City or Town Clerk or Election Commission

Reporting Period: Beginning: 4/12/2016 Ending: 12/31/2016

Type of Report: Year-end

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:	\$11,400.98
Total receipts this period:	\$0.00
Subtotal:	\$11,400.98
Total expenditures this period:	\$452.51
Ending Balance:	\$10,948.47
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)

1/19/17
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:


Candidate's signature (in ink)

1/19/17
Date

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
10/6/2016	Andover Historical Society 97 Main St Andover, MA 01810	\$75.00	Donation
10/14/2016	Andover REPTC 12 Apache Ave. Andover, MA 01810	\$100.00	76009 Contribution
8/5/2016	JB Systems P.O. Box 496 Moline, IL 61266	\$64.79	Robo Calls
10/1/2016	Susan Laplante 29 Durso Ave Lawrence, MA 01843	\$100.00	Contribution
6/30/2016	US Post Office 10 Stevens St Andover, MA 01810	\$106.00	P.O. Box Rental
Total Itemized Expenditures:		\$445.79	
Total Unitemized Expenditures:		\$6.72	
Total Expenditures:		\$452.51	

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	