



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2025 JAN 21 AM 9:31

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2024 Ending Date: 12/31/2024 MASS

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

Jose L. Albuquerque
Candidate Full Name (if applicable)
Select Board, Andover, MA
Office Sought and District
197 Greenwood Road, Andover, MA 01810
Residential Address
E-mail: jlabuquerque@yahoo.com
Phone # (optional): _____

Committee to Elect Joe Albuquerque
Committee Name
Edward J. Hayes
Name of Committee Treasurer
197 Greenwood Road, Andover, MA 01810
Committee Mailing Address
E-mail: jlabuquerque@yahoo.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	122.21
Line 2: Total receipts this period (page 3, line 11)	2.25
Line 3: Subtotal (line 1 plus line 2)	124.46
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	124.46
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: Edward J. Hayes (Treasurer's signature) Date: 12-30-24

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: Jose Albuquerque (Candidate's signature) Date: 12/30/2024



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF ANDOVER
1007 JAN 15 PM 1:29

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 05/17/2024 Ending Date: 12/31/2024

Type of Report: (Check one)

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

<p>Candidate Full Name (if applicable)</p> <hr/> <p>Office Sought and District</p> <hr/> <p>Residential Address</p> <hr/> <p>E-mail: _____</p> <hr/> <p>Phone #: _____</p>	<p>Committee For A New Andover Charter</p> <hr/> <p>Committee Name</p> <p>Brad Wright</p> <hr/> <p>Name of Committee Treasurer</p> <p>3 Robandy Road, Andover, MA 01810</p> <hr/> <p>Committee Mailing Address</p> <p>E-mail: <u>bradwright3@mac.com</u></p> <hr/> <p>Phone #: <u>(310) 508-7018</u></p>
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SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	\$0
Line 2: Total receipts this period (page 3, line 12)	\$2,454.05
Line 3: Subtotal (line 1 plus line 2)	\$2,454.05
Line 4: Total expenditures this period (page 5, line 15)	\$1,690.18
Line 5: Ending Balance (line 3 minus line 4)	\$763.87
Line 6: Total in-kind contributions this period (page 6, line 18)	\$359.08
Line 7: Total (all) outstanding liabilities (page 7, line 19)	\$0
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	\$0
Line 9: Name of bank(s) used:	Citizens Bank

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

Signed under the penalties of perjury: B. Wright (Treasurer's signature) Date: 1/15/25

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

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

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

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

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/14/24	Baird, S. Boyer 10 Robandy Road, Andover, MA 01810	\$154.97	Retired
7/14/24	Barakatt, Cynthia 315 River Road, Andover, MA 01810	\$200	Retired
8/27/24	Blumstein, Joel 3 Athena Circle, Andover, MA 01810	\$254.43	Retired
7/23/24	Golden, Steve 10 Robandy Road, Andover, MA 01810	\$100	Retired
6/6/24	Howe, Richard 3 Robandy Road, Andover, MA 01810	\$800	Retired
10/18/24	Trerotola, Gregory 6 Rogers Brooke East, Andover, MA 01810	\$100	Retired
5/17/24	Wright, Brad 189 Greenwood Road, Andover, MA 01810	\$804.65	Managing Partner, Launch Financial Planning, LLC.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/30/24	Blumstein, Joel	3 Athena Circle, Andover, MA 01810	Reimbursement for 500 postcards	\$94.06
5/17/24	Go Daddy	100 S Mill Ave, Suite 1600 Tempe, AZ 85281	Domain, Microsoft 365 email, 3-years each	\$197.65
12/13/24	Howe, Richard	3 Robandy Road Andover, MA 01810	Reimbursement for Staples receipt: Handouts/Posters/Petition pages	\$122.39
9/27/24	True Compass Design	3347 NW Dahlia Drive Camas, WA 98607-8230	Website design	\$500.00
10/28/24	True Compass Design	3347 NW Dahlia Drive Camas, WA 98607-8230	Website design - final	\$500.00
11/5/24	True Compass Design	3347 NW Dahlia Drive Camas, WA 98607-8230	Website - add "Announcements" page	\$60.00
10/20/24	Vista Print	Vistaprint.com	Postcards - 100	\$54.43
9/11/24	Wordpress	Wordpress.com	Hosting - 1 year	\$107.00

BW

SCHEDULE D: LIABILITIES

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

RECEIVED
TOWN CLERK'S OFFICE

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				\$0

2025 JAN 5 PM 1:30
TOWN OF ANDOVER, MA



Commonwealth
of Massachusetts

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

File with:
City or Town Clerk or Election Commission

Reporting Period: Beginning: 4/16/2024 Ending: 12/31/2024

Type of Report: 2024 Year-end Report

Coffey, Kevin

Full Name of Candidate

Select Board

Office Sought/ District

**1 Stafford Lane
Andover, MA 01810**

Residential Address

Committee Name

Name of Committee Treasurer

Committee Address

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$2,567.99
Total receipts this period:	\$0.00
Subtotal:	\$2,567.99
Total expenditures this period:	\$1,773.39
Ending Balance:	\$794.60
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of Bank Used:	

Affidavit of Candidate:

Candidate without Committee

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

Signed under the penalties of perjury:

Candidate's signature (in ink)

Date

RECEIVED
TOWN CLERK'S OFFICE
2025 JAN 21 AM 11:14
TOWN OF ANDOVER, MA

Schedule B: Expenditures

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

<u>Date</u>	<u>Name and Address</u>	<u>Amount</u>	<u>Purpose</u>
5/16/2024	Campaign Partner	\$4.95	Campaign web site hosting
6/16/2024	Campaign Partner	\$4.95	Campaign web site hosting
8/16/2024	Campaign Partner	\$4.95	Campaign web site hosting
9/16/2024	Campaign Partner	\$4.95	Campaign web site hosting
10/16/2024	Campaign Partner	\$4.95	Campaign web site hosting
11/16/2024	Campaign Partner	\$4.95	Campaign web site hosting
12/16/2024	Campaign Partner	\$4.95	Campaign web site hosting
5/1/2024	Coffey, Kevin	\$1,738.74	Repay all existng candidate loan/liabilities
Total Itemized Expenditures:		\$1,773.39	
Total Unitemized Expenditures:		\$0.00	
Total Expenditures:		<u>\$1,773.39</u>	

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.

<u>Date</u>	<u>To Whom Due</u>	<u>Reduction</u>	<u>Loan Amount</u>	<u>Purpose</u>
4/15/2024	Coffey, Kevin 1 Stafford Lane Andover, MA 01810		\$1,738.74	
5/1/2024	Coffey, Kevin	(\$1,738.74)		Repay all existing candidate loan/liabilities
	Outstanding Liabilities:		<u>\$0.00</u>	



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2024 Ending Date: 12/31/2024

Type of Report: (Check one)

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

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

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

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>901.21</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>901.21</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>1100</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0</u>
Line 9: Name of bank(s) used:	<u>Citizens Bank</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Thomas Esposito (Treasurer's signature) Date: 1/18/25

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: Lauren M. Conoscenti (Candidate's signature) Date: 1/18/2025

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)		0	<p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p> <p>← Enter on page 1, line 2</p>
Line 11: Total Receipts \$50 and under (not listed above)		0	
Line 12: TOTAL RECEIPTS IN THE PERIOD		0	

SCHEDULE B: EXPENDITURES (continued)

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

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)	0
Line 14: Expenditures \$50 and under (not listed above)	0
Line 15: TOTAL EXPENDITURES IN THE PERIOD	0

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)	0
Line 17: In-Kind Contributions \$50 and under (not listed above)	0
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	0

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
3/5/2020	Lauren Conoscenti	129 Rattlesnake Hill Road Andover, MA 01810	Loan to purchase stamps	1100
Enter on page 1, line 7 →			Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)	1100

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		0	<p><i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i></p> <p>← Enter on page 1, line 8</p>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		0	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		0	

*Schedule E is not for ballot question committee use.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

785 JAN 21 11:42:25

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2024 Ending Date: December 31, 2024

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

Melissa M. Danisch
Candidate Full Name (if applicable)
Andover Select Board, Town of Andover
Office Sought and District
16 Bradley Road, Andover, MA 01810
Residential Address
E-mail: melissadanisch@comcast.net
Phone #: _____

Melissa Danisch for Andover
Committee Name
Sara A.W. Blais
Name of Committee Treasurer
12 Coventry Lane, Andover, MA 01810
Committee Mailing Address
E-mail: salexiswells@gmail.com
Phone #: _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>1,525.00</u>
Line 2: Total receipts this period (page 3, line 12)	<u>100.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1,625.00</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>54.18</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1,570.82</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0.00</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0.00</u>
Line 9: Name of bank(s) used:	<u>Citizens Bank</u>

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Sara A.W. Blais (Treasurer's signature) Date: Jan 15, 2025

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

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

Candidate without Committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Melissa M. Danisch (Candidate's signature) Date: Jan 15, 2025

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.
Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
12/20/24	Blais, Sara 12 Coventry Lane Andover, MA 01810	100.00	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)		100.00	<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i> ← Enter on page 1, line 2
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD		100.00	

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

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

SCHEDULE B: EXPENDITURES (continued)

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

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Line 13: Expenditures over \$50 (or listed above)	
Line 14: Expenditures \$50 and under (not listed above)	54.18
Line 15: TOTAL EXPENDITURES IN THE PERIOD	54.18

Enter on page 1, line 4 →

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

** If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)	
Line 17: In-Kind Contributions \$50 and under (not listed above)	
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, 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 19: TOTAL OUTSTANDING LIABILITIES (ALL)				

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			

← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 11/22/24 Ending Date: 12/31/24

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

Emily DiCesaro
Candidate Full Name (if applicable)
 School Committee Member, Andover Public Schools
Office Sought and District
 3 Walnut Ave, Andover MA
Residential Address
 E-mail: emily.dicesaro@gmail.com
 Phone #: _____

DiCesaro for Andover
Committee Name
 Sandra Adourian
Name of Committee Treasurer
 3 Walnut Ave, Andover MA 01810
Committee Mailing Address
 E-mail: _____
 Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0</u>
Line 9: Name of bank(s) used:	<u>TD Bank</u>

RECEIVED
 TOWN CLERK'S OFFICE
 NOV 27 10 24 AM '24

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: Sandra Adourian (Treasurer's signature) Date: 1/3/25

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

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

Candidate without Committee
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
 Signed under the penalties of perjury: Emily DiCesaro (Candidate's signature) Date: 1-3-25

SCHEDULE A: RECEIPTS

G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

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



Commonwealth
of Massachusetts

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

RECEIVED
NOV 21 10:17
ANDOVER, MA

File with:
City or Town Clerk or Election Commission

Reporting Period: Beginning: 4/16/2024 Ending: 12/31/2024

Type of Report: 2024 Year-end Report

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

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

SUMMARY BALANCE INFORMATION

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

Affidavit of Committee Treasurer:

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

11/21/25
Treasurer's signature (in ink) Date

Affidavit of Candidate:

Candidate with Committee

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

Signed under the penalties of perjury:

11/21/25
Candidate's signature (in ink) Date



Commonwealth of Massachusetts

Form CPF M109:
Statement of Municipal Candidate
Not Raising or Expending Campaign Funds
Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

RECEIVED
TOWN CLERK'S OFFICE
2025 JAN 22 PM 3:17
TOWN OF ANDOVER MA

Candidate's Name: Dawn D. Gillette
Office Sought: Poncharid Free School, Board of Trustees
Residential Address: 2 Stratford Ave
City / State / Zip: Andover MA 01810
E-Mail Address: dawnbraygillette@gmail.com Phone Number: 978/84243

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose, nor do I currently have any outstanding liabilities for prior campaign-related activity. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

- 1. Ending balance from previous report ZERO
2. Total receipts for reporting period ZERO
3. Subtotal ZERO
4. Total Expenditures for reporting period ZERO
5. Ending balance ZERO

After filing this statement, if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, in the calendar year in which it is filed, required by Chapter 55 of the Massachusetts General Laws.

This form is valid through December 31 of the year in which it was signed.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature: [Handwritten Signature] Date: 1/21/25



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/01/2024 Ending Date: 12/31/2024

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 Board Member

Office Sought and District

28 Corbett St, Andover, MA 01810

Residential Address

E-mail: dannygrams@gmail.com

Phone #: 9788860928

Friends of Dan Grams

Committee Name

Joshua E. Dallal

Name of Committee Treasurer

28 Corbett St, Andover, MA 01810

Committee Mailing Address

E-mail: joshua@dallal.org

Phone #: 9782701911

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1713.45
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	1713.45
Line 4: Total expenditures this period (page 5, line 15)	2.00
Line 5: Ending Balance (line 3 minus line 4)	1711.45
Line 6: Total in-kind contributions this period (page 6, line 18)	0
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0
Line 9: Name of bank(s) used:	TD Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Joshua E. Dallal (Treasurer's signature) Date: 01/13/2025

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: Daniel T. Grams (Candidate's signature) Date: 1/13/2025

SCHEDULE A: RECEIPTS (continued)

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

Line 10: Total Receipts over \$50 (or listed above)	
Line 11: Total Receipts \$50 and under (not listed above)	
Line 12: TOTAL RECEIPTS IN THE PERIOD	0

** If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/28/2024	TD Bank	27 Main St #61, Andover, MA 01810	Bank Fee	2.00

SCHEDULE B: EXPENDITURES (continued)

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

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)	
Line 14: Expenditures \$50 and under (not listed above)	
Line 15: TOTAL EXPENDITURES IN THE PERIOD	2.00

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

** If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)	
Line 17: In-Kind Contributions \$50 and under (not listed above)	
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	0

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, 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 19: TOTAL OUTSTANDING LIABILITIES (ALL)	0		

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		0	<p><i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i></p> <p>← Enter on page 1, line 8</p>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		0	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		0	

*Schedule E is not for ballot question committee use.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/24 Ending Date: 04/10/24

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

Christian C. Huntress
Candidate Full Name (if applicable)
Board of Selectmen, Andover, MA
Office Sought and District
17 Tewksbury Street, Andover, MA 01810
Residential Address
E-mail: _____
Phone # (optional): _____

Committee to Elect Christian Huntress
Committee Name
John Kiely
Name of Committee Treasurer
17 Tewksbury Street, Andover, MA 01810
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	610.1
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	610.1
Line 4: Total expenditures this period (page 5, line 14)	610.1
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:	Cambridge Trust

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: John Kiely (Treasurer's signature) Date: 04/10/24

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: Christian C. Huntress (Candidate's signature) Date: 04/10/24

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)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		0	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

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

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/10/24	Christian C. Huntress	17 Tewksbury Street	Repayment of Loan	610.10
Line 12: Total Expenditures over \$50 (or listed above)				610.10
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				610.10

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

Form CPF S-1: Statement of Settlement

CPF ID #: _____

(For Office Use)

Office of Campaign and Political Finance

Commonwealth of
Massachusetts

File with: Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411, Boston, MA 02108

(617) 979-8300 / (800) 462-OCPF / Fax: (617) 727-6549
ocpf@mass.gov
www.mass.gov/ocpf

**Please print or type all information, except signatures.
One form should be filed for debts settled with each creditor.**

Candidate's Name: Christian C. Huntress

Treasurer's Name: John Kiely
(if applicable)

Committee Name: Committee to Elect Christian Huntress
(if applicable)

In settling the debts noted below, I/we certify:

1. All liabilities of the candidate and/or the political committee, listed below, have been settled in accordance with 970 CMR 1.03:

<u>Date Incurred</u>	<u>To Whom Due</u>	<u>Amount</u>	<u>Date of Settlement</u>
12/18/17	Christian Huntress (Loan from Candidate)	1000.00	4/10/24
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. At the time the liability was incurred, I/we intended that the candidate/committee would pay in full for the goods or services rendered.

3. For debts to corporations or other entities subject to M.G.L. c. 55, s. 8:

- a. the credit was extended in the ordinary course of business on terms similar to those granted to other political and non-political debtors;
- b. the candidate and/or political committee has/have made commercially reasonable efforts to satisfy the debt;
- c. the creditor has pursued remedies to seek payment in the manner it normally takes against debtors in a financial condition similar to this candidate/political committee;
- d. the settlement is similar to others the creditor has made with other debtors, and similar to settlements the candidate/committee has proposed to its other creditors;
- e. the length of time prior to settlement is consistent with normal business and trade practice;
- f. the debt is not the subject of a dispute between the candidate/committee and the creditor involving questions of satisfactory delivery of goods or services, or the amount owed; and
- c. the goods or services provided by the creditor and/or by the extension of credit were not intended by the creditor to be an inkind contribution to the candidate/committee.

4. For debts to individuals or other entities such as sole proprietorships, that are not subject to M.G.L. c. 55, s. 8:

- a. the liability was settled in accordance with all the requirements of paragraph 3 (above); OR
- b. the amount forgiven, when considered together with amounts contributed from the same individual or entity, is no more than the amount said individual or entity may contribute in accordance with the campaign finance law.

I certify that the conditions specified above apply to each listed liability.

Signed under the penalties of perjury:




Candidate Signature

Date: 4/10/24



Treasurer Signature
(if applicable)

Date: 4/10/24



Creditor Signature
(authorized agent or officer)

Date: 4/10/24

NOTES

Who should file this form?

Any candidate or committee settling a debt for less than the amount owed. This form should be filed for the settlement of both corporate and non-corporate debts. One form should be filed for debts settled with each creditor.

When should this form be filed?

This form should be filed within 30 days of the settlement of the debt.

For further information:

Please contact the Office of Campaign and Political Finance at ocpf@mass.gov or (617) 979-8300.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:	Beginning Date: <u>4/11/24</u>	Ending Date: <u>12/31/24</u>
---------------------------------	--------------------------------	------------------------------

Type of Report: (Check one)

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

Christian C. Huntress
Candidate Full Name (if applicable)

Select Board - Andover, MA 01810
Office Sought and District

17 Tewksbury Street - Andover, MA 01810
Residential Address

E-mail: chris@huntressassociates.com

Phone #: 978.758.6290

Committee to elect Christian Huntress
Committee Name

John Kiely
Name of Committee Treasurer

17 Tewksbury Street - Andover, MA 01810
Committee Mailing Address

E-mail: _____

Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0.</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0.</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0.</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>0.</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0.</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0.</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0.</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0.</u>
Line 9: Name of bank(s) used:	<u>Cambridge Trust</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: John Kiely (Treasurer's signature) Date: 1/15/25

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

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

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

Signed under the penalties of perjury: Christian C. Huntress (Candidate's signature) Date: 1/15/25

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)			<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD		0	

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
<i>* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.</i>				
Line 13: Expenditures over \$50 (or listed above)				
Line 14: Expenditures \$50 and under (not listed above)				
Line 15: TOTAL EXPENDITURES IN THE PERIOD				0

Enter on page 1, line 4 →

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

** If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)	
Line 17: In-Kind Contributions \$50 and under (not listed above)	
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	0

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, 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 19: TOTAL OUTSTANDING LIABILITIES (ALL)	0

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		0	

← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: April 16, 2024 Ending Date: December 31, 2024

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

Michele Ippolito Karlberg
Candidate Full Name (if applicable)
Trustees of the Punchard Free School
Office Sought and District
134 Summer St., Andover MA 01810
Residential Address
E-mail: mkarlberg@verizon.net
Phone #: 978-328-8137

N/A
Committee Name
N/A
Name of Committee Treasurer
N/A
Committee Mailing Address
E-mail: N/A
Phone #: N/A

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$0.00</u>
Line 2: Total receipts this period (page 3, line 12)	<u>\$0.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$0.00</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>\$0.00</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 18)	<u>\$0.00</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>\$0.00</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>\$0.00</u>
Line 9: Name of bank(s) used:	<u>N/A</u>

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

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

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

Candidate without Committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 12/31/2024



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 04-16-2024 Ending Date: 12-31-2024

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

Ellen J Keller
Candidate Full Name (if applicable)
Select Board
Office Sought and District
39 Bannister Rd Andover, MA 01810
Residential Address
E-mail:
Phone #: (978) 423-1319

Campaign to Elect Ellen Keller
Committee Name
John Lemmerman
Name of Committee Treasurer
39 Bannister Rd Andover, MA 01810
Committee Mailing Address
E-mail:
Phone #: (609) 502-4541

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1667.75
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	1667.75
Line 4: Total expenditures this period (page 5, line 15)	1667.75
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6, line 18)	
Line 7: Total (all) outstanding liabilities (page 7, line 19)	
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	
Line 9: Name of bank(s) used:	Enterprise Bank

RECEIVED
TOWN CLERK'S OFFICE
2025 JUN 15 PM 3:24

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: 01-13-2025

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

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

Candidate without Committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 1/14/25

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)			<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD			

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/17/24	Run for the Troops MA, Inc	9 Burlington St., Lawrence MA 01843	Charitable Contribution	150
11/21/24	Andover Center for Culture and History	97 Main Street, Andover MA 01810	Charitable Contribution	1000
12/6/24	The Andover Village Improvement Society	P.O. Box 5097, Andover MA 01810	Charitable Contribution	200
12/16/24	Rotary Club of Andover Charitable Trust	P.O. Box 1152, Andover MA 01810	Charitable Contribution	100
12/17/24	Ellen Keller	39 Bannister Rd Andover, MA 01810	Liability Reimbursement	143.82
12/17/24	Andover Senior Community Friends	P.O. Box 576, Andover MA 01810	Charitable Contribution	25
12/19/24	Salvation Army	25 Shawmut Rd Canton, MA 02021	Charitable Contribution	48.93

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
<p><i>* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.</i></p> <p>Enter on page 1, line 4 →</p>			Line 13: Expenditures over \$50 (or listed above)	
			Line 14: Expenditures \$50 and under (not listed above)	
			Line 15: TOTAL EXPENDITURES IN THE PERIOD	

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
<p><i>* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.</i></p> <p style="text-align: right;">Enter on page 1, line 6 →</p>				Line 16: In-Kind Contributions over \$50 (or listed above)
				Line 17: In-Kind Contributions \$50 and under (not listed above)
				Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, 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 19: TOTAL OUTSTANDING LIABILITIES (ALL)	

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i> ← Enter on page 1, line 8
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			

*Schedule E is not for ballot question committee use.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ANDOVER TOWN CLERK
RCUD 2025 JAN 16 AM 11:10

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2024 Ending Date: December 31, 2024

Type of Report: (Check one)

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

Roumo Kim
Candidate Full Name (if applicable)

SELECTBOARD
Office Sought and District

98 Burnham Rd Andover MA 01810
Residential Address

E-mail: _____

Phone #: _____

Committee to Elect Roumo Kim
Committee Name

Douglas Corbett
Name of Committee Treasurer

98 Burnham Rd Andover MA 01810
Committee Mailing Address

E-mail: _____

Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>74.84</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>74.84</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>74.84</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	_____
Line 9: Name of bank(s) used:	<u>EASTERN BANK</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Douglas Corbett (Treasurer's signature) Date: 1/13/25

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 1/14/25

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)			<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD			

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

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

SCHEDULE B: EXPENDITURES (continued)

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

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)	
Line 14: Expenditures \$50 and under (not listed above)	
Line 15: TOTAL EXPENDITURES IN THE PERIOD	

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
<p><i>* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.</i></p> <p style="margin-left: 40px;">Enter on page 1, line 6 →</p>				<p>Line 16: In-Kind Contributions over \$50 (or listed above) <input style="width: 100%;" type="text"/></p> <p>Line 17: In-Kind Contributions \$50 and under (not listed above) <input style="width: 100%;" type="text"/></p> <p>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD <input style="width: 100%;" type="text"/></p>

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, 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 19: TOTAL OUTSTANDING LIABILITIES (ALL)				

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			

← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/24 Ending Date: 12/31/24

Type of Report: (Check one)

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

Daniel Arrigg Koh
Candidate Full Name (if applicable)

Andover Select Board
Office Sought and District

21 Windemere Drive, Andover, MA 01810
Residential Address

E-mail: **friendsofdankoh@gmail.com**

Phone #: **9782257455**

Friends of Dan Koh
Committee Name

Amy Sennett
Name of Committee Treasurer

21 Windemere Drive, Andover, MA 01810
Committee Mailing Address

E-mail: **friendsofdankoh@gmail.com**

Phone #: **9782257455**

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$108,599.79
Line 2: Total receipts this period (page 3, line 12)	\$0
Line 3: Subtotal (line 1 plus line 2)	\$108,599.79
Line 4: Total expenditures this period (page 5, line 15)	\$0
Line 5: Ending Balance (line 3 minus line 4)	\$108,599.79
Line 6: Total in-kind contributions this period (page 6, line 18)	\$0
Line 7: Total (all) outstanding liabilities (page 7, line 19)	\$535.35
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	\$143.50
Line 9: Name of bank(s) used:	Citizens Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 1/20/25

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 1/20/25

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)		\$0	<p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p> <p>← Enter on page 1, line 2</p>
Line 11: Total Receipts \$50 and under (not listed above)		\$0	
Line 12: TOTAL RECEIPTS IN THE PERIOD		\$0	

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

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

Enter expenditure totals on Page 5

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.				
Enter on page 1, line 6 →				
Line 16: In-Kind Contributions over \$50 (or listed above)				\$0
Line 17: In-Kind Contributions \$50 and under (not listed above)				\$0
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD				\$0

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
11/8/21	Daniel Koh	21 Windemere Drive, Andover, MA 01810	Telephone services	\$112.29
11/9/22	Daniel Koh	21 Windemere Drive, Andover, MA 01810	Telephone services	\$138.80
11/8/23	Daniel Koh	21 Windemere Drive, Andover, MA 01810	Telephone services	\$140.76
11/8/24	Daniel Koh	21 Windemere Drive, Andover, MA 01810	Telephone services	\$143.50
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				\$535.35

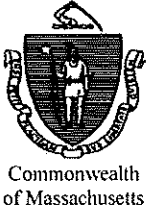
SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
11/8/24	Line2, 535 Mission St, #14, San Francisco, CA 94111	\$143.50	Telephone services
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		\$143.50	<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		\$0	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		\$143.50	

← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

770-221-1116:26

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2024 Ending Date: December 31, 2024

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

Laura M. Gregory
Candidate Full Name (if applicable)
Andover Select Board, Town of Andover
Office Sought and District
5 Embassy Lane, Andover, MA 01810
Residential Address
E-mail: lmeyergregory@yahoo.com
Phone #: _____

Committee to Elect Laura Gregory
Committee Name
Sara A.W. Blais
Name of Committee Treasurer
12 Coventry Lane, Andover, MA 01810
Committee Mailing Address
E-mail: salexiswells@gmail.com
Phone #: _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>747.10</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>747.10</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>45.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>702.10</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0.00</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0.00</u>
Line 9: Name of bank(s) used:	<u>Citizens Bank</u>

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Sara A.W. Blais (Treasurer's signature) Date: January 16, 2025

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

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

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

Signed under the penalties of perjury: Laura M. Gregory (Candidate's signature) Date: Jan. 16, 2025

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)			<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD			

SCHEDULE B: EXPENDITURES (continued)

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

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)	
Line 14: Expenditures \$50 and under (not listed above)	45.00
Line 15: TOTAL EXPENDITURES IN THE PERIOD	45.00

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

** If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)	
Line 17: In-Kind Contributions \$50 and under (not listed above)	
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i> ← Enter on page 1, line 8
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			

*Schedule E is not for ballot question committee use.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF ANDOVER
2025 JAN 13 10:10 AM

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan. 1, 2024 Ending Date: Dec 31, 2024

Type of Report: (Check one)

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

Brian P. Major
Candidate Full Name (if applicable)

Selectman
Office Sought and District

11 Odyssey Way, Andover, MA 01810
Residential Address

E-mail: _____

Phone #: _____

Major Committee
Committee Name

Elizabeth A. Bigelow
Name of Committee Treasurer

10 Wabanaki Way, Andover, MA 01810
Committee Mailing Address

E-mail: _____

Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2956.20</u>
Line 2: Total receipts this period (page 3, line 12)	<u>- 0 -</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2956.20</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>918.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2038.20</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>- 0 -</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>- 0 -</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>- 0 -</u>
Line 9: Name of bank(s) used:	<u>Merrimack Valley Credit Union</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Elizabeth A. Bigelow (Treasurer's signature) Date: 1/10/2025

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

- Candidate with Committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.
- Candidate without Committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 1/10/2025

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

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

SCHEDULE A: RECEIPTS (continued)

RECEIVED
TOWN OF ANDOVER, MA

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			TOWN OF ANDOVER, MA
Line 10: Total Receipts over \$50 (or listed above)			<p align="center"><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD			

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/1/24	Knights of Columbus	Andover, MA	Charitable Event	900.00
12/31/24	MVCU	Andover, MA	Statement Fees	18.00

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)	918.00
Line 14: Expenditures \$50 and under (not listed above)	
Line 15: TOTAL EXPENDITURES IN THE PERIOD	918.00

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

** If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)	
Line 17: In-Kind Contributions \$50 and under (not listed above)	
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	

SCHEDULE D: LIABILITIES

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

REC'D
TOWN CLERK'S OFFICE

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)	

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<p><i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i></p> <p>← Enter on page 1, line 8</p>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			

*Schedule E is not for ballot question committee use.



Commonwealth
of Massachusetts

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

RECEIVED

2025 JAN 21 10:10:56

TOWN OF ANDOVER, MASS

File with:
City or Town Clerk or Election Commission

Reporting Period: Beginning: 4/27/2024 Ending: 12/31/2024

Type of Report: 2024 Year-end Report

McCready, Susan
Full Name of Candidate
Andover School Committee
Office Sought/ District
8 Dean Circle
Andover, MA 01810
Residential Address

Committee to Elect Susan McCready
Committee Name
Gina Murray
Name of Committee Treasurer
8 Dean Circle
Andover, MA 01810
Committee Address

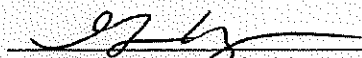
SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$1,916.16
Total receipts this period:	\$0.00
Subtotal:	\$1,916.16
Total expenditures this period:	\$0.00
Ending Balance:	\$1,916.16
<hr/>	
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$1,916.16
Name of Bank Used:	DCU

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:


Treasurer's signature (in ink)

1/15/25
Date

Affidavit of Candidate:

Candidate with Committee

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

Signed under the penalties of perjury:


Candidate's signature (in ink)

1/15/25
Date

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.

<u>Date</u>	<u>To Whom Due</u>	<u>Reduction</u>	<u>Loan Amount</u>	<u>Purpose</u>
4/26/2024	McCready, Susan 8 Dean Circle Andover, MA 01810		\$1,916.16	
	Outstanding Liabilities:		<u>\$1,916.16</u>	



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF ANDOVER
2025 JAN 21 PM 5:50

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/16/2024 Ending Date: 12/31/2024 MASS

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

Jayashree Mohandas
Candidate Full Name (if applicable)
School Committee - Town of Andover
Office Sought and District
225 Highland Rd., Andover, MA 01810
Residential Address
E-mail: _____
Phone #: _____

Committee to Elect Jayashree Mohandas
Committee Name
Claire E. Chiesa
Name of Committee Treasurer
225 Highland Rd., Andover, MA 01810
Committee Mailing Address
E-mail: _____
Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1023.08
Line 2: Total receipts this period (page 3, line 12)	0.00
Line 3: Subtotal (line 1 plus line 2)	1023.08
Line 4: Total expenditures this period (page 5, line 15)	0.00
Line 5: Ending Balance (line 3 minus line 4)	1023.08
Line 6: Total in-kind contributions this period (page 6, line 18)	0.00
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0.00
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0.00
Line 9: Name of bank(s) used:	Citizens Bank

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of the committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Claire Chiesa (Treasurer's signature) Date: 1/15/25

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
 Candidate with Committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.
 Candidate without Committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Jayashree (Candidate's signature) Date: 01/19/2025

SCHEDULE A: RECEIPTS

1.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)			
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

** If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
<i>* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.</i>				Line 13: Expenditures over \$50 (or listed above)	
Enter on page 1, line 4 →				Line 14: Expenditures \$50 and under (not listed above)	
Enter on page 1, line 4 →				Line 15: TOTAL EXPENDITURES IN THE PERIOD	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, 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 19: TOTAL OUTSTANDING LIABILITIES (ALL)	

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			

← Enter on page 1, line 8

*Schedule E is not for ballot question committees



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE
2025 JAN 21 AM 9:59

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/16/24 Ending Date: 12/31/24

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

Shauna Murray
Candidate Full Name (if applicable)
Andover School Committee
Office Sought and District
6 Gudrun Drive, Andover, MA 01810
Residential Address
E-mail: shaunahmurray@gmail.com
Phone #: 978-475-1945

Committee to Elect Shauna Murray
Committee Name
Rory P. Pheiffer
Name of Committee Treasurer
6 Gudrun Drive, Andover, MA 01810
Committee Mailing Address
E-mail: rorypp@gmail.com
Phone #: 978-475-1945

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$1661.00
Line 2: Total receipts this period (page 3, line 12)	\$0.00
Line 3: Subtotal (line 1 plus line 2)	\$1661.00
Line 4: Total expenditures this period (page 5, line 15)	\$709.22
Line 5: Ending Balance (line 3 minus line 4)	\$951.78
Line 6: Total in-kind contributions this period (page 6, line 18)	\$0.00
Line 7: Total (all) outstanding liabilities (page 7, line 19)	\$1865.34
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	\$0.00
Line 9: 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: 1/20/25

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

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

Candidate without Committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Shauna H. Murray (Candidate's signature) Date: 1/20/25

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
2/6/24	Murray, Shauna	6 Gudrun Drive Andover, MA 01810	Payment to Amazon for thank you cards	\$23.26
2/9/24	Murray, Shauna	6 Gudrun Drive Andover, MA 01810	Payment to Sterling Printing for lawn signs, step stakes, and postcards	\$1201.96
2/16/24	Murray, Shauna	6 Gudrun Drive Andover, MA 01810	Payment to Staples for return address labels	\$10.61
2/27/24	Murray, Shauna	6 Gudrun Drive Andover, MA 01810	Payment to Zazzle for business cards and buttons	\$78.08
3/2/24	Pheiffer, Rory	6 Gudrun Drive Andover, MA 01810	Payment to Home Depot for wood for signs	\$13.71
3/6/24	Crowley-Lum, Katelyn	376 Salem Street Andover, MA 01810	Payment to Sterling Printing for lawn sign, step stakes, and window decals/bumper stickers	\$0.00
2/16/24- 3/8/24	Committee to Elect Shauna Murray	6 Gudrun Drive Andover, MA 01810	Payment to PayPal for fees related to receiving campaign contributions	\$30.80
3/9/24	Murray, Shauna	6 Gudrun Drive Andover, MA 01810	Payment to Zazzle for buttons	\$69.49
3/11/24	Pheiffer, Rory	6 Gudrun Drive Andover, MA 01810	Payment to United States Postal Service for stamps for mailing	\$204.00
3/16/24	Pheiffer, Rory	6 Gudrun Drive Andover, MA 01810	Payment to Dunkin' for coffee and donuts for sign holders	\$33.36
3/21/24	Pheiffer, Rory	6 Gudrun Drive Andover, MA 01810	Payment to United States Postal Service for stamps for mailing	\$136.00
3/25/24- 3/26/24	Murray, Shauna	6 Gudrun Drive Andover, MA 01810	Payment to Facebook (Meta) for online advertisement	\$49.00
3/9/2024- 4/15/2024	Committee to Elect Shauna Murray	6 Gudrun Drive Andover, MA 01810	Payment to PayPal for fees related to receiving campaign contributions	\$14.97
Enter on page 1, line 7 →			Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)	\$1865.34

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		\$0.00	<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i> ← Enter on page 1, line 8
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		\$0.00	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		\$0.00	

*Schedule E is not for ballot question committee use.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2025 JAN -8 AM 11:50

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1 2024 Ending Date: December 2024

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

MARGARET V. O'CONNOR
Candidate Full Name (if applicable)
Commissioner Andover Housing Authority
Office Sought and District
22 Railroad St (#203) Andover, MA 01810
Residential Address
E-mail: margaret.oconnor@memoves.com
Phone #: 978-475-5993

~~Committee Name~~
~~Name of Committee Treasurer~~
~~Committee Mailing Address~~
E-mail:
Phone #:

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0</u>
Line 9: Name of bank(s) used:	<u>not applicable</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 O'Connor (Treasurer's signature) Date: December 2024

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

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

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

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2025-01-07 11:27

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/23/24 Ending Date: 1/6/25

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

Sandis Wright
Candidate Full Name (if applicable)
Andover School Committee
Office Sought and District
112 High Street Andover MA 01810
Residential Address
E-mail: wrightforandover@gmail.com
Phone #: 7733157859

Wright for Andover
Committee Name
Rodney Johnson
Name of Committee Treasurer
112 High Street Andover MA 01810
Committee Mailing Address
E-mail: wrightforandover@gmail.com
Phone #: 5082460029

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>129.68</u>
Line 2: Total receipts this period (page 3, line 12)	<u>9.70</u>
Line 3: Subtotal (line 1 plus line 2)	<u>139.38</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>55.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>84.38</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	
Line 7: Total (all) outstanding liabilities (page 7, line 19)	
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	
Line 9: Name of bank(s) used:	<u>Citizens Bank</u>

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Rodney Johnson (Treasurer's signature) Date: 1/7/25

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

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

Candidate without Committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Sandis Wright (Candidate's signature) Date: 1/7/25

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)		9.70	<p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p> <p>← Enter on page 1, line 2</p>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD			

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/29/24	Citizens Bank	Andover MA	dormant account fee	5.00
10/31/24	Citizens Bank	Andover MA	dormant account fee	5.00
9/30/24	Citizens Bank	Andover MA	dormant account fee	5.00
8/30/24	Citizens Bank	Andover MA	dormant account fee	5.00
7/31/24	Citizens Bank	Andover MA	dormant account fee	5.00
6/28/24	Citizens Bank	Andover MA	dormant account fee	5.00
5/31/24	Citizens Bank	Andover MA	dormant account fee	5.00
4/30/24	Citizens Bank	Andover MA	dormant account fee	5.00
3/29/24	Citizens Bank	Andover MA	dormant account fee	5.00
2/29/24	Citizens Bank	Andover MA	dormant account fee	5.00
1/31/24	Citizens Bank	Andover MA	dormant account fee	5.00

GLW



Commonwealth
of Massachusetts

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

RECEIVED
TOWN CLERK'S OFFICE
2025 JAN -7 PM 2:55
TOWN OF ANDOVER, MA

File with:
City or Town Clerk or Election Commission

Reporting Period: Beginning: 4/16/2024 Ending: 12/31/2024

Type of Report: 2024 Year-end Report

<u>Shepley, Christopher</u> <i>Full Name of Candidate</i> <u>School Committee</u> <i>Office Sought/ District</i> <u>179 High Street</u> <u>Andover, MA 01810</u> <i>Residential Address</i>	<u>Committee to Elect Chris Shepley</u> <i>Committee Name</i> <u>Robert Kenny Jr.</u> <i>Name of Committee Treasurer</i> <u>179 High Street</u> <u>Andover, MA 01810</u> <i>Committee Address</i>
---	---

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$987.70
Total receipts this period:	\$305.00
Subtotal:	\$1,292.70
Total expenditures this period:	\$594.46
Ending Balance:	\$698.24
<hr/>	
Total inkind contributions this period:	\$200.00
Total out of pocket spending this period:	\$826.94
Total outstanding liabilities:	\$2,026.94
Name of Bank Used:	

Affidavit of Committee Treasurer:

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

Robert Kenny _____ Date 1/5/2025

Treasurer's signature (in ink)

Date

Affidavit of Candidate:

Candidate with Committee

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

Signed under the penalties of perjury:

Chris Shepley _____ Date 2/7/2025

Candidate's 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.

<u>Date</u>	<u>Name and Residential Address</u>	<u>Amount</u>	<u>Occupation and Employer</u>
11/1/2024	Cote, Kathy 14 Sevilla Road Andover, MA 01810	\$50.00	
12/13/2024	Leet, Steven 9 Crescent Drive Andover, MA 01810	\$25.00	
11/27/2024	Marsh, Robert 8 Mulberry Circle Andover, MA 01810	\$30.00	
12/8/2024	Shepley, Cindy 110 Sunny Hollow Place Bangor, ME 04401	\$200.00	Retired Bangor Public Schools
Total Itemized Receipts:		\$305.00	
Total Unitemized Receipts:		\$0.00	
Total Receipts:		\$305.00	

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.

<u>Date</u>	<u>Name and Address</u>	<u>Amount</u>	<u>Purpose</u>
10/22/2024	Campaign Partner Po Box 118 Still River, MA 01467	\$19.39	Campaign Website
11/16/2024	Campaign Partner Po Box 118 Still River, MA 01467	\$32.00	✓✓
12/16/2024	Campaign Partner Po Box 118 Still River, MA 01467	\$32.00	✓✓
12/11/2024	Minuteman Press 362 North Main St Andover, MA 01810	\$419.69	Flyers
12/5/2024	Sticker Mule 336 Forest Ave Amsterdam, NY 12010	\$91.38	Campaign Buttons
Total Itemized Expenditures:		\$594.46	
Total Unitemized Expenditures:		\$0.00	
Total Expenditures:		<u>\$594.46</u>	

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.

<u>Date</u>	<u>Name and Residential Address</u>	<u>Value</u>	<u>Description, Occupation & Employer</u>
12/23/2024	Shepley, Christopher 179 High Street Andover, MA 01810	\$200.00	Student Umass Lowell Chinese Association of Andover New Year Celebration Event Sponsorship
	Total Itemized In-kind Contributions:	\$200.00	
	Total Unitemized In-kind Contributions:	\$0.00	
	Total In-kind Contributions:	<u>\$200.00</u>	

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.

<u>Date</u>	<u>To Whom Due</u>	<u>Reduction</u>	<u>Loan Amount</u>	<u>Purpose</u>
12/23/2024	Shepley, Christopher 179 High Street Andover MA, 01810		\$74.34	Postcards
12/26/2024	Shepley, Christopher 179 High Street Andover MA, 01810		\$43.57	Campaign Materials
4/15/2024	Shepley, Christopher 179 High Street Andover, MA 01810		\$1,200.00	
12/3/2024	Shepley, Christopher 179 High Street Andover MA, 01810		\$709.03	Lawn Signs & Banners
	Outstanding Liabilities:		<u>\$2,026.94</u>	

Schedule E: Candidate Out-Of-Pocket Expenses

<u>Date</u>	<u>Name and Address</u>	<u>Amount</u>	<u>Purpose</u>
12/23/2024	Minuteman Press 362 North Main St Andover, MA 01810	\$74.34	Postcards
12/26/2024	Minuteman Press 362 North Main St Andover, MA 01810	\$43.57	Campaign Materials
12/3/2024	Signs On The Cheap 11525 Stonehollow Dr B220 Austin, TX 78758	\$709.03	Lawn Signs & Banners
Total Itemized Out-Of-Pocket Expenditures:		\$826.94	
Total Unitemized Out-Of-Pocket Expenditures:		\$0.00	
Total Out-Of-Pocket Expenditures:		<u>\$826.94</u>	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2025 JAN -8 PM 4:39

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2024 Ending Date: 12/31/2024

Type of Report: (Check one)

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

Tracey E. Spruce
Candidate Full Name (if applicable)

Andover School Committee
Office Sought and District

2 Battery Wharf, Boston, MA 02109
Residential Address

E-mail: sprucelo@gmail.com

Phone #: _____

Committee to Elect Tracey Spruce
Committee Name

Vanessa Weisman
Name of Committee Treasurer

9 Coventry Lane, Andover, MA 01810
Committee Mailing Address

E-mail: vanebewe@gmail.com

Phone #: 917-693-6914

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>1309.84</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1309.84</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>400.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>909.84</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0</u>
Line 9: Name of bank(s) used:	<u>Citizens</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: Vanessa Weisman (Treasurer's signature) Date: 1/6/2025

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

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

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

Signed under the penalties of perjury: Tracey E. Spruce (Candidate's signature) Date: 1/8/2025

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)			<p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p> <p>← Enter on page 1, line 2</p>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD			

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i> ← Enter on page 1, line 8
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			

*Schedule E is not for ballot question committee use.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

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

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

Eric Stubenhauer
Candidate Full Name (if applicable)
Punchard School Board of Trustees
Office Sought and District
8 Endfield Dr. Andover 01810
Residential Address
E-mail: estubenhause@gmail.com
Phone #: (978) 886-1315

N/A
Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail:
Phone #:

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>- 0 -</u>
Line 2: Total receipts this period (page 3, line 12)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 15)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6, line 18)	
Line 7: Total (all) outstanding liabilities (page 7, line 19)	
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>- 0 -</u>
Line 9: Name of bank(s) used:	<u>N/A</u>

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 12/18/24

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

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

Candidate without Committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 12/18/24



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2024 Ending Date: 12/31/2024

Type of Report: (Check one)
 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 Street and District
42 Linwood St Andover
Residential Address
E-mail: tteichert@comcast.net
Phone #: 978-886-7323

Committee to Elect Ted Teichert
Committee Name
Jacqueline Branscombe
Name of Committee Treasurer
39 Linwood St Andover
Committee Mailing Address
E-mail: branscombefamily@comcast.net
Phone #: 617-633-3494

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2067.25</u>
Line 2: Total receipts this period (page 3, line 12)	<u>—</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2067.25</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>—</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2067.25</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>—</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>—</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>—</u>
Line 9: 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: Jacqueline Branscombe (Treasurer's signature) Date: 1/9/2025

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

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

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

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 1/9/2025



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2025 JUN 21 AM 9:13

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: April 16, 2024 Ending Date: December 31, 2024

Type of Report: (Check one)

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

George K. Thorlin
Candidate Full Name (if applicable)

Andover Select Board
Office Sought and District

115 Summer Street, Andover, MA 01810
Residential Address

E-mail: gthorlin@gmail.com

Phone #: 978-886-8907

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone #:

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0</u>
Line 9: Name of bank(s) used:	<u>Salem 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.

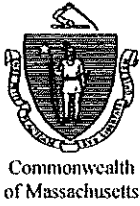
Signed under the penalties of perjury: _____ (Treasurer's signature) Date: _____

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

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

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

Signed under the penalties of perjury: George K. Thorlin (Candidate's signature) Date: Jan 20, 2025



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: April 16, 2024 Ending Date: December 31, 2024

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

Ellen M. Townson
Candidate Full Name (if applicable)
Town of Andover Selectboard
Office Sought and District
23 Glenwood Road, Andover, MA 01810
Residential Address
E-mail: ellenmtownson@gmail.com
Phone #: _____

Townson for Andover
Committee Name
Sara A.W. Blais
Name of Committee Treasurer
12 Coventry Lane, Andover, MA 01810
Committee Mailing Address
E-mail: salexiswells@gmail.com
Phone #: _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>0.00</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0.00</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>0.00</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 18)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0.00</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0.00</u>
Line 9: Name of bank(s) used:	<u>Citizens Bank</u>

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Sara A. Blais (Treasurer's signature) Date: January 21, 2025

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

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

Candidate without Committee
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 1/19/25

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)			
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

** If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<p><i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i></p> <p>← Enter on page 1, line 8</p>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			

*Schedule E is not for ballot question committee use.



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

RECEIVED
TOWN CLERK'S OFFICE

2025 JAN 24 AM 11:11

TOWN OF ANDOVER, MA

File with:
City or Town Clerk or Election Commission

Reporting Period: Beginning: 1/1/2024 Ending: 12/31/2024

Type of Report: 2024 Year-end Report

Vispoli, Alex
Full Name of Candidate
Selectman
Office Sought/ District
7 Alison Way
Andover, MA 01810
Residential Address

Vispoli Committee
Committee Name
Michael Harvey
Name of Committee Treasurer
7 Twinbrook Circle
Andover, MA 01810
Committee Address

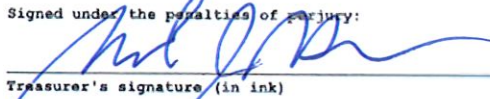
SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$7,244.12
Total receipts this period:	\$0.00
Subtotal:	\$7,244.12
Total expenditures this period:	\$0.00
Ending Balance:	\$7,244.12
<hr/>	
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$14,832.52
Name of Bank Used:	Eastern Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:


Treasurer's signature (in ink)

1/23/25
Date

Affidavit of Candidate:

Candidate with Committee

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

Signed under the penalties of perjury:


Candidate's signature (in ink)

1/23/25
Date

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.

<u>Date</u>	<u>To Whom Due</u>	<u>Reduction</u>	<u>Loan Amount</u>	<u>Purpose</u>
12/31/2023	Vispoli, Alex 7 Alison Way Andover, MA 01810		\$14,832.52	
	Outstanding Liabilities:		<u>\$14,832.52</u>	



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Apr 18, 2024 Ending Date: Dec 31, 2024

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

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

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

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	36.07
Line 2: Total receipts this period (page 3, line 11)	0.00
Line 3: Subtotal (line 1 plus line 2)	36.07
Line 4: Total expenditures this period (page 5, line 14)	0.00
Line 5: Ending Balance (line 3 minus line 4)	36.07
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used:	<u>The Savings Bank 84 Main St. Andover, Ma</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: Jan 20, 2025

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

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

Candidate without Committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 1-20/2025

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 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
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				0.00

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