



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK'S OFFICE

2025 DEC 30 PM 4: 27

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2025 Ending Date: 12/31/2025

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: jlalbuquerque@yahoo.com  
Phone #: (978) 470-8149

**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: jlalbuquerque@yahoo.com  
Phone #: (978) 470-8149

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending Balance from previous report	124.46
Line 2: Total receipts this period (page 3, line 12)	2.25
Line 3: Subtotal (line 1 plus line 2)	126.71
Line 4: Total expenditures this period (page 5, line 15)	0
Line 5: Ending Balance (line 3 minus line 4)	126.71
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:	<b>Rockland Trust Bank (formerly Enterprise Bank)</b>

**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: 12/26/25

**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: Jose L. Albuquerque (Candidate's signature) Date: 12/26/2025

### 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)

Enter receipt totals on Page 3

**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)		0.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 11: Total Receipts \$50 and under (not listed above)		2.25	
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>		<b>2.25</b>	

← 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.

<b>Date Paid</b>	<b>To Whom Paid (alphabetical listing)</b>	<b>Address</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>

**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>  Enter on page 1, line 4 →	<b>Line 13: Expenditures over \$50 (or listed above)</b>			<b>0.00</b>
	<b>Line 14: Expenditures \$50 and under (not listed above)</b>			<b>0.00</b>
	<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>			<b>0.00</b>

## 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>			Line 16: In-Kind Contributions over \$50 (or listed above)	0.00
Line 17: In-Kind Contributions \$50 and under (not listed above)				0.00
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD				0.00

### 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 → <b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				<b>0.00</b>

## 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	<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)		0.00	
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  
Office of Campaign and Political Finance

File with:  
City or Town Clerk or Election Commission

RECEIVED  
TOWN CLERK'S OFFICE  
2026 JAN 14 AM 8:53  
TOWN OF ANDOVER, MA

Reporting Period: Beginning: 1/1/2025 Ending: 12/31/2025

Type of Report: 2025 Year-end Report

<u>Coffey, Kevin</u> <i>Full Name of Candidate</i>	_____ <i>Committee Name</i>
<u>Select Board</u> <i>Office Sought/ District</i>	_____ <i>Name of Committee Treasurer</i>
<u>1 Stafford Lane</u> <u>Andover, MA 01810</u> <i>Residential Address</i>	_____ <i>Committee Address</i>

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$794.60
Total receipts this period:	\$0.00
Subtotal:	\$794.60
Total expenditures this period:	\$59.40
Ending Balance:	\$735.20
<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:

I certify under the penalties of perjury that:

- 1) I am the candidate, the duly appointed treasurer or an authorized user who has been granted permission to e-file reports and statements on the candidate's or committee's behalf; and
- 2) this report has been examined and approved for filing by the candidate and the committee treasurer (if applicable) and that it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of the candidate and/or committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Electronically filed by Kevin Coffey on 1/14/2026

## Schedule B: Expenditures

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

**Date Name and Address**

**Amount Purpose**

11/16/2025 Campaign Partner

\$4.95 Campaign web site hosting

12/16/2025 Campaign Partner

\$4.95 Campaign web site hosting

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<b>Total Itemized Expenditures:</b>	<b>\$9.90</b>
<b>Total Unitemized Expenditures:</b>	<b>\$49.50</b>
<b>Total Expenditures:</b>	<b><u>\$59.40</u></b>



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2026 JAN 13 AM 11:51  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2025 Ending Date: 12/31/2025

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

Candidate Full Name (if applicable)  
Office Sought and District  
Residential Address  
E-mail:  
Phone #:

Committee For A New Andover Charter  
Committee Name  
Brad Wright  
Name of Committee Treasurer  
3 Robandy Road, Andover, MA 01810  
Committee Mailing Address  
E-mail: bradwright3@mac.com  
Phone #: (310) 508-7018

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$763.87
Line 2: Total receipts this period (page 3, line 12)	\$100.00
Line 3: Subtotal (line 1 plus line 2)	\$863.87
Line 4: Total expenditures this period (page 5, line 15)	\$213.88
Line 5: Ending Balance (line 3 minus line 4)	\$649.99
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:	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: 1/12/26

#### 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

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)
9/30/25	Richard Sumberg 4 Woburn St. Andover, MA 01810	\$100.00	

Enter receipt totals on Page 3

*BSW*

**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)	<b>\$100.00</b>
Line 11: Total Receipts \$50 and under (not listed above)	\$0
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>	<b>\$100.00</b>

*\* 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

*Bob*

**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
8/26/25	True Compass Designs, LLC	3347 NW Dahlia Drive Camas, WA 98607-8230	Website Updates	\$55.00
9/11/25	WordPress	Wordpress.com	Website Hosting - 1 Year	\$155.89



Enter expenditure totals on Page 5

**SCHEDULE B: EXPENDITURES (continued)**

<b>Date Paid</b>	<b>To Whom Paid (alphabetical listing)</b>	<b>Address</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>

*\* 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 →

<b>Line 13:</b> Expenditures over \$50 (or listed above)	<b>\$210.89</b>
<b>Line 14:</b> Expenditures \$50 and under (not listed above)	<b>\$2.99</b>
<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>\$213.88</b>

*BW*

### 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)	
<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>	<b>\$0</b>

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.

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)		<p>* 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.</p> <p style="text-align: right; color: blue; font-size: 1.2em;">BW</p> <p>← Enter on page 1, line 8</p>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		
<b>Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD</b>	<b>N/A</b>	



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2026 JAN 20 AM 9:18

TOWN OF ANDOVER, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2025 Ending Date: 12/31/2025

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: \_\_\_\_\_

#### 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: 1/19/26

## 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	<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)		0	
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>		0	

← 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

**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
<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>0</b>

## 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.				Line 16: In-Kind Contributions over \$50 (or listed above) <span style="float: right;">0</span>
Enter on page 1, line 6 →				Line 17: In-Kind Contributions \$50 and under (not listed above) <span style="float: right;">0</span>
<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>				<b>0</b>

## 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 →			<b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	<b>1100</b>

## 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	<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		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

RECEIVED  
TOWN CLERK'S OFFICE  
2026 JAN 14 AM 8:32  
TOWN OF ANDOVER, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: April 15, 2025 Ending Date: December 31, 2025

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 #: 978-494-0520

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>3,154.97</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3,154.97</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>3,154.97</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 13, 2026

**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: 1-13-26

**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)			<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>
Line 11: Total Receipts \$50 and under (not listed above)			
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>			

## 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
<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>				Line 13: Expenditures over \$50 (or listed above)
				Line 14: Expenditures \$50 and under (not listed above)
Enter on page 1, line 4 →				<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>

## 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.				Line 16: In-Kind Contributions over \$50 (or listed above)
Enter on page 1, line 6 →				Line 17: In-Kind Contributions \$50 and under (not listed above)
<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>				

### 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 → <b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				

**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)	
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)	
<b>Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD</b>	

*\* 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.*

← Enter on page 1, line 8



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE  
2026 JAN -5 PM 2:43  
TOWN OF ANDOVER, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Apr 15, 2025 Ending Date: Dec 31, 2025

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  
Office Sought and District  
3 Walnut Ave, Andover, MA 01810  
Residential Address  
E-mail: emily.dicesaro@gmail.com  
Phone # (optional): \_\_\_\_\_

DiCesaro for Andover  
Committee Name  
Sandra Adourian  
Name of Committee Treasurer  
3 Walnut Ave, Andover, MA 01810  
Committee Mailing Address  
E-mail: \_\_\_\_\_  
Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	142
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	142
Line 4: Total expenditures this period (page 5, line 14)	142
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:	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: Sandra Adourian (Treasurer's signature) Date: 12/23/25

**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: 1/5/2026

## SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Apr 30, 2025	NPR Network		donation	140
Apr 30, 2025	Emily DiCesaro		to close bank account	2
Line 12: Total Expenditures over \$50 (or listed above)				142
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>142</b>

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





Commonwealth  
of Massachusetts

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

RECEIVED  
TOWN CLERK'S OFFICE  
2026 JAN 14 AM 11:24  
TOWN OF ANDOVER, MA

File with:  
City or Town Clerk or Election Commission

Reporting Period: Beginning: 4/15/2025 Ending: 12/31/2025

Type of Report: 2025 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
Total in-kind 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:

Treasurer's signature (in ink)

1/12/26  
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)

1/12/26  
Date





# 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: 01/01/2025 Ending Date: 12/31/2025

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

Daniel T. Grams  
Candidate Full Name (if applicable)  
Andover Housing Authority  
Office Sought and District  
28 Corbett St Andover, MA 01810  
Residential Address  
E-mail: DGrams@AndoverHousing.org  
Phone #: 978 886 0928

Friends of Dan Grams  
Committee Name  
Josh Dallal  
Name of Committee Treasurer  
28 Corbett St Andover, MA  
Committee Mailing Address  
E-mail: joshua.dallal@gmail.com  
Phone #:

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1,711.45</u>
Line 2: Total receipts this period (page 3, line 12)	<u>40.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1,751.45</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>160.45</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1,591.45</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 OF ALDOVER, MA  
2026 JAN 15 PM 1:07  
TOWN CLERK'S OFFICE

#### 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: 1/14/2026

#### 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: 1/14/2026

## 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)
7/10	TD Bank (non contributor)	400.00	<del>Bank</del> Maintenance Fee Refunds

### 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)	40.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 11: Total Receipts \$50 and under (not listed above)		
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>	40.00	← 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
5/30	TD Bank		Maintenance Fee	20.00
6/30	TD Bank		Maintenance Fee	20.00
7/31	T Bank		Maintenance Fee	20.00
8/29	TD Bank		Maintenance Fee	20.00
9/30	TD Bank		Maintenance Fee	20.00
10/31	TD Bank		Maintenance Fee	20.00
11/28	TD Bank		Maintenance Fee	20.00
12/31	TD Bank		Maintenance Fee	20.00

**SCHEDULE B: EXPENDITURES (continued)**

<b>Date Paid</b>	<b>To Whom Paid (alphabetical listing)</b>	<b>Address</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>

*\* 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)	160.00
Line 14: Expenditures \$50 and under (not listed above)	
<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>160.00</b>

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.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
<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>	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 →				<b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	

## 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

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

*\* 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.*

← Enter on page 1, line 8



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK'S OFFICE

2026 JAN 14 AM 8:32

TOWN OF ANDOVER, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2025 Ending Date: December 31, 2025

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>702.10</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>702.10</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>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 13, 2026

**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. 7, 2026

## 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)			<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>
Line 11: Total Receipts \$50 and under (not listed above)			
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>			

## 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)**

<b>Date Paid</b>	<b>To Whom Paid (alphabetical listing)</b>	<b>Address</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>

*\* 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)	
<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>	

## 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
<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>				Line 16: In-Kind Contributions over \$50 (or listed above) <input style="width: 80%;" type="text"/>
Enter on page 1, line 6 →				Line 17: In-Kind Contributions \$50 and under (not listed above) <input style="width: 80%;" type="text"/>
<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>				<input style="width: 80%;" type="text"/>

**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)

Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)

Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD

*\* 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.*

← 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

RECEIVED  
TOWN CLERK'S OFFICE  
2026 JAN 16 PM 3:52

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2025 Ending Date: December 31, 2025

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

Roland 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 Roland 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	74.84
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	74.84
Line 4: Total expenditures this period (page 5, line 15)	0
Line 5: Ending Balance (line 3 minus line 4)	74.84
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:	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: [Signature] (Treasurer's signature) Date: 16 Jan 2026

**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: 1/16/2026

**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.*

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>

**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>
Line 11: Total Receipts \$50 and under (not listed above)			
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>			

### 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)**

<b>Date Paid</b>	<b>To Whom Paid (alphabetical listing)</b>	<b>Address</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>

*\* 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)	
<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>	

## 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
<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>				
Enter on page 1, line 6 →				
<b>Line 16: In-Kind Contributions over \$50 (or listed above)</b>				
<b>Line 17: In-Kind Contributions \$50 and under (not listed above)</b>				
<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>				

## 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 → <b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				

## 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

RECEIVED  
TOWN CLERK'S OFFICE  
2026 JAN -5 AM 9:13  
ANDOVER, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/25 Ending Date: 12/31/25

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: **daniel.koh@gmail.com**

---

Phone #: **978-807-9377**

**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 #: **N/A**

### 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)	\$0
Line 9: Name of bank(s) used:	<b>Citizens Bank</b>

**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: *Amy Sennett* (Treasurer's signature) Date: 1/4/26

**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: *D. Arrigg Koh* (Candidate's signature) Date: 1/4/26

**SCHEDULE A: RECEIPTS**

4.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)
<b>Line 10: Total Receipts over \$50 (or listed above)</b>		<b>\$0</b>	<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>
<b>Line 11: Total Receipts \$50 and under (not listed above)</b>		<b>\$0</b>	
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$0</b>	

## 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.

<b>Date Paid</b>	<b>To Whom Paid (alphabetical listing)</b>	<b>Address</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>

**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
<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>\$0</b>

SCHEDULE C: IN-KIND CONTRIBUTIONS

A.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.

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

Enter on page 1, line 6 →

## 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
<b>Enter on page 1, line 7 →</b>			<b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	<b>\$535.35</b>

## 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
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)	\$0
<b>Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD</b>	<b>\$0</b>

*\* 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.*

← 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

RECEIVED  
TOWN CLERK'S OFFICE  
2026 JAN 16 PM 1:05

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2025 Ending Date: Dec 31, 2025

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 Bigelow  
Name of Committee Treasurer

10 Wabanaki Way Andover, MA 01810  
Committee Mailing Address

E-mail: exbigelow@aol.com

Phone #: \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2038.20</u>
Line 2: Total receipts this period (page 3, line 12)	<u>- 0 -</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2038.20</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>24.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2014.20</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>Bright Bridge 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 Bigelow (Treasurer's signature) Date: 1/16/2026

#### 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: 1/16/2026

## 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)			
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>			

### 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
12/30/2025	BrightBridge Credit Union	P.O. Box 909 N. Andover, MA	Statement Fees	24.00

**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)	24.00
Line 14: Expenditures \$50 and under (not listed above)	
<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>24.00</b>

## 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)	
<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>	

**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)

Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)

Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD

*\* 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.*

← 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  
Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2026 JAN 14 PM 3:59

TOWN OF ANDOVER, MA

File with:  
City or Town Clerk or Election Commission

Reporting Period: Beginning: 1/1/2025 Ending: 12/31/2025

Type of Report: 2025 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
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:	

Affidavit:

I certify under the penalties of perjury that:

- 1) I am the candidate, the duly appointed treasurer or an authorized user who has been granted permission to e-file reports and statements on the candidate's or committee's behalf; and
- 2) this report has been examined and approved for filing by the candidate and the committee treasurer (if applicable) and that it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of the candidate and/or committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Electronically filed by Susan McCready on 1/14/2026

## 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>
12/31/2024	McCready, Susan 8 Dean Circle Andover, MA 01810		\$1,916.16	
	<b>Outstanding Liabilities:</b>		<b><u>\$1,916.16</u></b>	



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2026 JAN 16 PM 1:09

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/25 Ending Date: 12/31/25

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	\$951.78
Line 2: Total receipts this period (page 3, line 12)	\$0.00
Line 3: Subtotal (line 1 plus line 2)	\$951.78
Line 4: Total expenditures this period (page 5, line 15)	\$145.77
Line 5: Ending Balance (line 3 minus line 4)	\$806.01
Line 6: Total in-kind contributions this period (page 6, line 18)	\$0.00
Line 7: Total (all) outstanding liabilities (page 7, line 19)	\$1765.34
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	\$0.00
Line 9: Name of bank(s) used:	Rockland 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: [Signature] (Treasurer's signature) Date: 1/16/26

#### 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: 1/16/26

**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 E 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.

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>

**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)	<b>\$0.00</b>	<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)	<b>\$0.00</b>		
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>	<b>\$0.00</b>		

### 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
7/28/25	Pheiffer, Rory P.	6 Gudrun Drive Andover, MA 01810	Partial repayment of Outstanding Liabilities (3/2/24 and 3/16/24 in full; 3/21/24, partial)	\$100.00

**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)	\$100.00
Line 14: Expenditures \$50 and under (not listed above)	\$45.77**
<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>\$145.77</b>

\*\*\$45.77 = Expenditures from website used to accept donations that were not listed in previous reports. All of these expenditures were incurred in 2024 and are included here to balance books such that amount in Committee's bank account equals account ending balance.

## 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.				Line 16: In-Kind Contributions over \$50 (or listed above)	\$0.00
Enter on page 1, line 6 →				Line 17: In-Kind Contributions \$50 and under (not listed above)	\$0.00
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD				\$0.00	

## 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	\$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	\$0.00
3/21/24	Pheiffer, Rory	6 Gudrun Drive Andover, MA 01810	Payment to United States Postal Service for stamps for mailing (originally \$136.00; \$52.93 reimbursed to date)	\$83.07
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 →			<b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	<b>\$1765.34</b>

## 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>
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	

← 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: 1/1/2025 Ending Date: 12/31/2025

Type of Report: (Check one)

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

Steven R Pekock

Candidate Full Name (if applicable)

Trustee of Punchard Free School

Office Sought and District

109 Chestnut St, Andover, MA 01810

Residential Address

E-mail: po321218@live.com

Phone # (optional): 978-886-6404

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="0"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="0"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used: <u>NA</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: Steve Pekock (Candidate's signature) Date: 12/5/2025

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

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

## SCHEDULE B: EXPENDITURES

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

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

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

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

Enter on page 1, line 4 →

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

**SCHEDULE B: EXPENDITURES (continued)**

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

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

Enter on page 1, line 4 →

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

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	

\* 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 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				



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: 01/01/2025 Ending Date: 12/31/2025

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

Tracey 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 #: \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>909.84</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>909.84</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>909.84</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>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: [Signature] (Treasurer's signature) Date: 12/10/2025

**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: s/ Tracey E. Spruce (Candidate's signature) Date: 12/11/2025

## 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)**

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)			
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>			

## 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
1/2/2025	Tracey Spruce	2 Battery Wharf Boston MA 02109	Reimbursement of website expenses	\$510.00
2/3/2025	Wright for Andover	19 Johnson Road Andover, MA 01810	Campaign contribution	\$100.00
3/3/2025	DiCesaro for Andover	3 Walnut Ave. Andover, MA 01810	Campaign contribution	\$100.00
10/20/2025	LUCE Immigrant Justice Network of MA	P.O. Box 30839 Worcester, MA 01603	Charitable donation	\$199.84

**SCHEDULE B: EXPENDITURES (continued)**

<b>Date Paid</b>	<b>To Whom Paid (alphabetical listing)</b>	<b>Address</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>

*\* 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)	\$909.84
Line 14: Expenditures \$50 and under (not listed above)	
<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>	\$909.84

## 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)	
<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>	



## 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.





# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2025 DEC 29 PH 12:11

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-2025 Ending Date: 12-31-2025

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

Eric Stubenhaus  
Candidate Full Name (if applicable)  
Punchard School Trustee  
Office Sought and District  
8 Enfield Dr., Andover 01810  
Residential Address  
E-mail: ecstubenhaus@gmail.com  
Phone #: (978) 856-1315

NA  
Committee Name  
NA  
Name of Committee Treasurer  
NA  
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>NA</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: \_\_\_\_\_ (Candidate's signature) Date: 12/18/25



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

Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

**Report Being Amended:** Year: \_\_\_\_\_ Reporting Period: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

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

Eric Stabenhaus  
Candidate Full Name (if applicable)

8 Entfield Dr., Andover 01810  
Residential Address

Punchard School Trustee  
Office Sought and District

E-mail: ecstabenhaus@gmail.com

Phone # (optional): (978) 886-1315

N/A Committee Name

N/A Name of Committee Treasurer

Committee Mailing Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

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

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

Signed under the penalties of perjury:

Signed under the penalties of perjury:

(Candidate's signature) \_\_\_\_\_ Date: \_\_\_\_\_

(Treasurer's signature) \_\_\_\_\_ Date: \_\_\_\_\_

## 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.*

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2026 JAN -7 PM 1:04

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2025 Ending Date: 12/31/2025

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 Sought and District

**44 Dufton Road, Andover MA 01810**  
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, MA 01810**  
Committee Mailing Address

E-mail: branscombefamily@comcast.net

Phone #: 617-633-3496

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>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>2067.25</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>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: 12/31/2025

**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: \_\_\_\_\_ (Candidate's signature) Date: \_\_\_\_\_



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK'S OFFICE

2026 JAN 20 AM 8:41

TOWN OF ANDOVER, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: \_\_\_\_\_ Ending Date: 12/31/2026 12/31/2025 *cy*

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)

Select Board

Office Sought and District

115 Summer Street, Andover MA 01810  
Residential Address

E-mail: george@AndoverAmazing.org

Phone # (optional): (798) 475-5965

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 211.85</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$ 1,000.00</u>
Line 8: Name of bank(s) used:	<u>SACON 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: 1/19/2026

**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.)**

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>

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

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

Line 11: **TOTAL RECEIPTS IN THE PERIOD**

← Enter on page 1, line 2

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

**SCHEDULE A: RECEIPTS (continued)**

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

Line 9: Total Receipts over \$50 (or listed above)	0
Line 10: Total Receipts \$50 and under* (not listed above)	0
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	0

← Enter on page 1, line 2

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

### SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/30/26	GoDaddy	14455 N. Mayo Dr SCOTTSDALE, AZ	DOMAIN & EMAIL ACCOUNT	84.48
12/20/23	Go Daddy	14455 N. Mayo Dr SCOTTSDALE, AZ	WEBSITE HOSTING	127.37
Line 12: Total Expenditures over \$50 (or listed above)				211.85
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				211.85

Enter on page 1, line 4 →

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

**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)			0	
Line 13: Expenditures \$50 and under* (not listed above)			0	
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>			0	

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

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

Enter on page 1, line 6 →

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

## SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
12/20/25	GEORGE THORNTON	115 SUMMIT ST.	LOAN	\$1,000

Enter on page 1, line 7 →

**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

\$1,000.00



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE  
2026 JAN 14 AM 8:32

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2025 Ending Date: December 31, 2025

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.W. Blais (Treasurer's signature) Date: 01/08/2026

**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: Ellen M. Townson (Candidate's signature) Date: 1/5/26



**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)			
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>			

### 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 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 → <b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				

## 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  
TOWN CLERK'S OFFICE  
2026 JAN 13 PM 12:4  
TOWN OF ANDOVER, MA

File with:  
City or Town Clerk or Election Commission

Reporting Period: Beginning: 4/15/2025 Ending: 12/31/2025

Type of Report: 2025 Year-end Report

<u>Vispoli, Alex</u> <i>Full Name of Candidate</i>	<u>Vispoli Committee</u> <i>Committee Name</i>
<u>Selectman</u> <i>Office Sought/ District</i>	<u>Michael Harvey</u> <i>Name of Committee Treasurer</i>
<u>7 Alison Way</u> <u>Andover, MA 01810</u> <i>Residential Address</i>	<u>7 Twinbrook Circle</u> <u>Andover, MA 01810</u> <i>Committee Address</i>

**SUMMARY BALANCE INFORMATION**

Ending balance from previous report:	\$11,395.72
Total receipts this period:	\$1,100.00
Subtotal:	\$12,495.72
Total expenditures this period:	\$40.40
Ending Balance:	\$12,455.32
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$15,727.54
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) \_\_\_\_\_ Date 1/13/26

**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) \_\_\_\_\_ Date 1/13/26

## 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>
5/1/2025	Botti, Andrew 129 Chestnut St Andover, MA 01810	\$100.00	
9/5/2025	Famiglietti, Patricia 328 Salem St Andover, MA 01810	\$1,000.00	Retired Retired
<b>Total Itemized Receipts:</b>		<b>\$1,100.00</b>	
<b>Total Unitemized Receipts:</b>		<b>\$0.00</b>	
<b>Total Receipts:</b>		<b><u>\$1,100.00</u></b>	

## 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>
9/5/2025	Rally Pay 2626 Cole Ave Suite #300 Dallas, TX 75204	\$40.40	Transaction Fee

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<b>Total Itemized Expenditures:</b>	<b>\$40.40</b>
<b>Total Unitemized Expenditures:</b>	<b>\$0.00</b>
<b>Total Expenditures:</b>	<b><u>\$40.40</u></b>

## 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>
4/14/2025	Vispoli, Alex 7 Alison Way Andover, MA 01810		\$15,727.54	
	<b>Outstanding Liabilities:</b>		<b><u>\$15,727.54</u></b>	



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2026 JAN 16 AM 10:37

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2025 Ending Date: 12/31/2025

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)

Andover Housing Authority  
Office Sought and District

500 Lowell Street, Andover, MA, 01810  
Residential Address

E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

Committee to Elect Billy Walsh  
Committee Name

John Walsh  
Name of Committee Treasurer

500 Lowell Street, Andover, MA, 01810  
Committee Mailing Address

E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending Balance from previous report	<u>36.07</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)	<u>36.07</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>The Savings Bank 84 Main Street Andover</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: 1/10/26

**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: 1/10/2026

## 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)
n/a	n/a	n/c	n/c



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

RECEIVED  
TOWN CLERK'S OFFICE

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

2026 JAN -2 PM 12: 35

2026 JAN 32 PM 12: 24

TOWN OF ANDOVER, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/18/25 Ending Date: 12/31/25

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 / rjrodney@me.com

Phone #: 5082460029

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report.	<u>3499.89</u>
Line 2: Total receipts this period (page 3, line 12)	<u>321.85</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3821.74</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>3971.35</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)	
Line 7: Total (all) outstanding liabilities (page 7, line 19)	
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>1616.97</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: Rodney Johnson (Treasurer's signature) Date: 1/1/2026

**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: 1/1/2026

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## 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)
3/3/25	Rosemary Halloran	50.00	
3/17/25	Richard Leonard	48.06	
3/4/25	Candace Rodaski	50.00	
3/4/25	Sean Murphy	50.00	
3/11/25	Chas Bicking	50.00	
3/15/25	Mohit Kapur	23.79	
3/23/25	Mark Simon	50.00	

GW

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
<b>Line 10: Total Receipts over \$50 (or listed above)</b>		<b>321.85</b>	<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>
<b>Line 11: Total Receipts \$50 and under (not listed above)</b>			
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>		<b>321.85</b>	

## 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
3/30/25	Sandis Wright	112 High Street Andover MA 01810	Loan payback for out of pocket campaign expenses	1464.27
12/2/25	Sandis Wright	112 High Street Andover MA 01810	Loan payback for out of pocket campaign expenses	1446.23
3/18/25	Eagle Tribune	Turnpike Street North Andover MA 01845	Campaign promotion/advertising	687.45
3/25/25 (Various dates)	Meta	1 Meta Way Menlo Park, CA	Campaign Advertising - Social	373.40

*SW*



## 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)	
<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>	

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## 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 → <b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				

SW

## 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
3/25/25	Bueno Malo	206.93	Election Night Event
3/17/25	US Postal Service	392.00	Postage for mailing
4/6/25	Mailchimp	47.81	Digital communications/email
3/4/25	Staples	48.85	Campaign Supplies/Printing
2/13/25	Staples	70.10	Campaign Supplies/Printing
3/4/25	Staples	98.70	Campaign Supplies
3/16/25	Staples	55.23	Campaign Supplies
3/11/25	Staples	193.35	Campaign Supplies/Printing
3/14/25	US Postal Service	504.00	Postage for mailing
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		1616.97	<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 <span style="font-size: 2em; vertical-align: middle;">SW</span></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		1616.97	